



**King County**

## Veterans Needs Housing and Services in King County

Prepared by:  
King County Department of Community and Human Services  
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## Acknowledgements

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In an effort to capitalize on the excellent work being done nationally and locally to support the reintegration needs of veterans, this report relies on information provided by veterans, veteran's agencies, and housing and supportive service providers throughout King County. This report has been influenced by several important resources including:

- The many veteran and homeless housing stakeholders in King County
- The previous and ongoing work of the Committee to End Homelessness in King County
- The work done by the U.S. Department of Veterans Affairs (VA) and United States Interagency Council on Homelessness
- Veterans who participated in a series of focus groups hosted by King County Department of Community and Human Services (DCHS).

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## Executive Summary

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This report provides an overview of the housing and related service needs among veterans and their families, and the currently existing housing and other programs available in our region which attempt to address the needs of our most vulnerable veterans. It identifies the remaining “housing gap” for homeless veterans, and discusses several issues or challenges that impede the efficient and effective provision of housing and housing-related services in the hope that the Advisory Workgroup will be able to devise recommendations to overcome them as part of the Five-Year Plan.

### King County Veterans and the Challenges They Face

Nearly 131,000 veterans call King County home. The largest cohort of veterans (just over 50,000) is from the Vietnam War era. The second largest cohort is those who served during the Gulf War in the 1990's. A third cohort is older veterans aged 75 and older who served during World War II or the Korean War. Our community is now preparing for the return of younger veterans from Operation Iraqi Freedom (OIF) in Iraq and Operation Enduring Freedom (OEF) in Afghanistan.

Today's military, with its reliance on an all-volunteer military, has seen a steady decline in the number of men serving in the armed forces while women are making up a larger percentage than ever before. At the same time, the demands placed on both men and women in the armed forces have increased given the need to stretch resources under the Global War on Terror. Due to the strain of long and multiple tours of combat duty for those in the military in recent years, concerns run high that OIF/OEF veterans are going to face many challenges when they come home to our region and will need community support.

Returning to civilian life for many veterans offers considerable challenges, including finding or retaining employment and securing affordable housing. The national unemployment rate for post 9/11 veterans is 11.3 percent overall, 18 percent for those recently separated from the military, and up to 21 percent for younger veterans ages 18 to 24.

Many veterans are also affected by mental health and service-related trauma. It is estimated that up to 19 percent of Iraq and/or Afghanistan war veterans reported a mental health problem, and among veterans who are homeless, up to 45 percent suffer from a mental illness. Substance abuse is also a very serious concern among veterans who are homeless. Studies show that up to 70 percent of homeless veterans suffer from substance abuse problems, with considerable overlap between mental illness and substance abuse disorders.

When looking at the overall veteran population in King County, the following characteristics are worth noting:

- The veteran population, as a whole, is aging.
- The percentage of King County residents who are also veterans is declining, due in large part to the aging of this population.
- Even as the overall percentage of veterans is declining, the percentage of female veterans is growing.
- The military experience among veterans varies significantly depending upon the era in which they served.

- Most relevant to this report, an individual's experience in the military appears to have a direct impact on their reintegration into civilian life. Specific challenges faced by veterans include:
  - Mental health concerns, including post traumatic stress disorder and military sexual trauma
  - Disabilities acquired as a result of military service, including traumatic brain injuries
  - Substance abuse and chemical dependency
  - Eligibility for benefits, depending on military discharge status
  - An increased incidence of domestic violence
  - Increased rates of unemployment, particularly among recently returning vets
  - Increased need for legal assistance, for issues such as outstanding warrants and child support orders
  - An increased incidence of homelessness, especially among single adult males.

Homelessness is an especially important consideration when looking at the challenges and barriers faced by veterans. According to local sources, up to 21 percent of all homeless single adults in King County are veterans, with estimates of 1,000 to 1,150 individual homeless veterans in our region, with about 27 percent (270 – 310) being chronically homeless. Most of these veterans are single, male, and 50 years of age on average. Single homeless female veterans make up nearly 4 percent of those living in shelters and transitional housing.

According to Safe Harbors, our local Homeless Management Information System (HMIS), veteran families account for approximately 3 percent of all homeless families in shelters and transitional housing in King County each year (representing approximately 30 households with 105 individuals.) This is likely an under representation, as many homeless veteran families are known to be doubled up with others or living in vehicles, and hence are not enrolled in Safe Harbors partner programs. The Homeless Care Line through the Veterans Administration Puget Sound Health Care System reports they are seeing approximately 10 homeless families per month.

### **Programs and Resources for Veterans in King County**

Three agencies provide or fund the majority of veteran-focused services in King County. They are: 1) the federal Veterans Administration (VA); 2) the Washington Department of Veterans Affairs (WDVA); and 3) the King County Veterans Program (KCVP). These agencies provide an array of health care, case management, and housing related services, as well as other specialty services for veterans. In addition, many experienced community based organizations and non-profits throughout King County are helping people in need, including veterans, to secure housing and emergency services.

Together these agencies provide, either directly or through contract, a range of services targeted exclusively to veterans, including:

- Veteran's Outreach and Eligibility Determination
- Primary and Mental Health Services / Dental Care / Rehabilitation / Convalescent and Respite Care
- Substance Abuse / Chemical Dependency
- Employment Supports

- Legal / Criminal Justice Services
- Emergency Services
- Housing and Homeless Supports.

To fund this range of housing and services, partners rely on a variety of federal, state and local dollars including resources from the U.S. Department of Housing and Urban Development, VA, and at the local level, King County's Veterans Relief Fund and Veterans and Human Services Levy. As is the case for nearly all community resources targeted to our region's neediest residents, the need outstrips availability.

The infusion of funding from the King County Veterans and Human Services Levy has greatly increased the number of permanent housing units set aside for homeless and at-risk veterans and their families in King County. As of July 2010, there were 261 units of permanent housing with supportive services set aside for veterans. For the three year period from 2008 through 2010, King County has also benefitted from the receipt of federal resources, including 330 Veterans Affairs Supportive Housing (VASH) housing subsidy vouchers and other special allotments of subsidized housing vouchers awarded to local housing authorities.

Still, the remaining gap in housing units relative to need among currently homeless veterans and homeless veteran families is estimated to be 610 to 770 units. It is important to bear in mind that this gap is anticipated to grow as more veterans return from the current conflicts and need housing assistance, and that the veteran populations who need this assistance may also be changing. For example, we may need more housing for women and families, and more senior housing as our veterans age. Planners are currently researching trends in rates of homelessness among newly returning veterans and their families and will forward this information to the advisory workgroup working on the Five Year Plan to End Homelessness among Veterans in King County.

### **Summary of Challenges to Providing Housing and Supportive Services to Veterans in Need**

While there has been successful collaboration among funders and providers in creating housing and supportive services for veterans to date, challenges remain. The challenges identified in this report are provided not to detract from the successful collaboration work to date, but to help policy makers and providers improve upon the housing and supportive services system for veterans in King County and across the nation. Information was gathered from many interviews with housing and service agencies who work with veterans, including agencies whose exclusive mission is to serve veterans as well as those agencies where veterans happen to be among clients assisted through their programs.

Issues that may need to be addressed as local partners work together to support the reintegration needs of veterans and their families and end homelessness among our region's veterans include:

- *Housing gap for homeless veterans.* There continues to be a need for a range of new homeless housing options for veterans – both men and women, and both single individuals and families - with a continuum of services needed to help veterans stabilize in housing. Based on the analysis by King County planners, the housing gap of permanent housing for currently homeless veterans in King County is estimated in the range of 610 to 770 units, of which 270 to 310 units are needed for chronically homeless veterans. This gap is anticipated to increase as newly returning veterans from OIF and OEF face considerable challenges in reintegrating to civilian life.
- *Access to appropriate housing and services is challenging.* The system of housing and supportive services available to veterans is complex. Many veterans as well as housing

and service providers noted that not only are there not enough services and housing, it is difficult to access those services that do exist.

- *Service levels are not clearly connected to level of need.* Service levels vary widely across providers and are not consistently directed towards those with the highest level of need. In an era of scarce resources, it is important to assure that staff and funding are prioritized towards the most vulnerable and toward those strategies that achieve the best results.
- *Resources, programs and funds are not consistently aligned.* King County is fortunate to have federal, state and local dedicated funding sources for veteran housing and services. While these entities have affirmed a commitment to ending homelessness among veterans, the historic fund restrictions, eligibility guidelines, and strategies for some of these sources continue to drive current programming and policies. These policies and restrictions are not always well aligned with emerging strategic plans and best practices, and it can be challenging to coordinate resources. This coordination and alignment is critical not only to address the gap of 610 to 770 new units needed to house our homeless veterans, but to ensure that our existing housing and services for veterans are effective.
- *Lack of data on homeless veterans.* Very little is known about homeless/at-risk veterans' trajectory into homelessness. Providers and planners often rely on anecdotal information when developing housing and services to meet the needs of current veterans as well as the anticipated needs of newly returning veterans.

## I. Introduction

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King County is home to nearly 131,000 veterans. For many veterans, returning to civilian life brings multiple challenges, including finding employment, securing and retaining stable housing, and others. This report provides an overview of the housing and related service needs among veterans and their families, and the existing housing and programs available in our region to address the needs of our most vulnerable veterans. It also identifies issues or challenges that currently impede the efficient and effective provision of the housing and housing-related services, in the hope that by shedding light on them the public sector, housing providers, social service providers, and others in our region will be able to work together to improve them.

While this report was being prepared, plans were initiated at the national level that increased the focus on homelessness and homeless veterans. The VA launched the *Five-Year Plan to End Homelessness Among Veterans*, and the United States Interagency Council launched *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*.

King County has responded by forming a workgroup, sponsored by The Funders Group, made up of representatives from local community housing and service providers, public agencies, funders, and veterans' organizations, to begin crafting a strategic Five-Year Plan to End Veteran Homelessness in King County. The work will be aligned with the federal and local plans to end homelessness, summarized briefly below.

### **Federal Initiatives: U.S. Department of Veterans Affairs Five-Year Plan to End Homelessness Among Veterans and the Federal Strategic Plan to Prevent and End Homelessness**

In November 2009, at the VA National Housing Summit held in Washington D.C., the federal VA introduced a plan to end homelessness among veterans in five years. This Five-Year Plan to End Homelessness Among Veterans is a companion piece to "Opening Doors,"<sup>1</sup> the Federal Strategic



Secretary of the Department of Veterans Affairs, Eric Shinseki, at the November 2009 National Summit Ending Homelessness Among Veterans. Secretary Shinseki is announcing the Five-Year Plan to End Homelessness Among Veterans  
DoD photo by Army Sgt. 1st Class Michael J. Carden

Plan to Prevent and End Homelessness among all populations. Enacted by Congress in May 2009, the HEARTH<sup>2</sup> Act mandated that United States Interagency Council on Homelessness (USICH) produce a "national strategic plan" to end homelessness among all populations. USICH includes cabinet secretaries from Housing and Urban Development, Labor, Health and Human Services, and Veterans Affairs. On June 22, 2010, USICH unveiled and submitted to the President and Congress the nation's first comprehensive strategy to prevent and end homelessness, with a focus on veterans, chronic homelessness, families, youth, and children.

The VA's Five-Year Plan to End Homelessness Among Veterans outlines five main strategies for ending homelessness among veterans in five years with the understanding that the federal

government cannot manage this alone, but will depend on collaboration between all levels of

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<sup>1</sup> <http://www.usich.gov/>

<sup>2</sup> Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act



government and across all sectors. The key areas outlined in the plan are to provide affordable housing and permanent supportive housing, increase meaningful and sustainable employment, reduce financial vulnerability, and transform homeless services to crises response systems. For a summary of the strategies outlined at the Veterans Housing Summit regarding the Five-Year Plan to End Homelessness Among Veterans, see Appendix B.

### **Washington State Response to the Five-Year Plan to End Homelessness Among Veterans**

On June 2, 2010, the WDVA held its own Veterans Housing Summit to present a united front among stakeholders in Washington State who work on veteran homelessness. The main goal of the event was to provide concrete ideas for the WDVA to bring to the federal VA so that Washington State may be in a good position to acquire some of the federal dollars slated for developing housing for veterans. Since then, a committee was formed, consisting of staff from the WDVA, King County's Community Services Division, DCHS, local housing service providers, and others to help guide statewide planning.

### **King County's Ten Year Plan to End Homelessness**

Locally, King County and local partners are implementing *A Roof Over Every Bed: Our Community's Ten-Year Plan to End Homelessness in King County*. This plan was adopted in 2005 and set in motion a number of new initiatives including United Way of King County's Campaign to End Chronic Homelessness. The plan lays out a series of specific strategies and actions, with key strategies around prevention; rapid re-housing; better aligning housing and service systems and cross-system collaboration; building the public and political will to end homelessness; and a strong evaluation component to ensure the use of data and best practices in program design and policy development. This plan is focused on homelessness in general. With the first five years now behind us, the region is undertaking a mid-plan review during 2011.

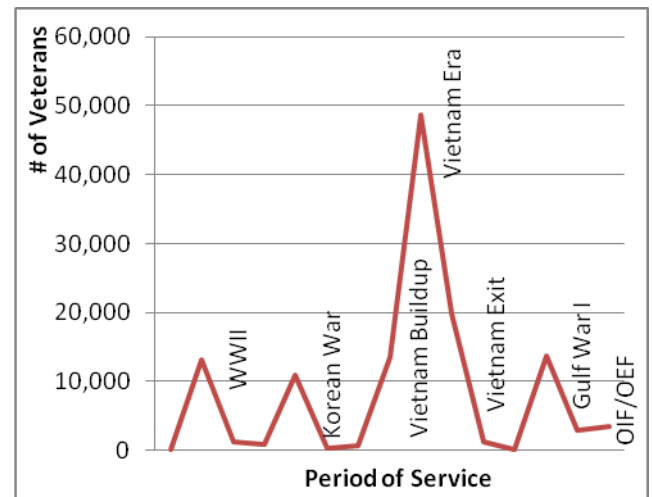
The workgroup for the Five-Year Plan to End Veteran Homelessness in King County will coordinate recommended strategies with those of our region's existing Ten-Year Plan to End Homelessness, as well as the federal and state initiatives focusing on ending veteran homelessness in five years.

## II. Understanding Veterans: Background Data and Needs of Veterans

Veterans living in King County served their country from World War II through the current conflicts in Iraq and Afghanistan. The chart below shows the number of persons 18 years old or over that served in the active duty military, in the military Reserves and the National Guard, or have civilian veteran status, by period of military service, with notable spikes in military service occurring during periods of global conflict.

Comparisons of the veteran population against the general King County population offer up intriguing trends:

- The veteran population, in general, is aging.
- The percentage of King County residents who are also veterans is declining.
- Even as the overall percentage of veterans is declining, the percentage of female veterans is growing.
- The military experience among veterans varies significantly depending upon the era in which they served.
- The individual's type of military experience appears to have a direct impact on the returning veteran's successful reintegration into civilian life.



### A. An Aging Population

According to available data, the total number of veterans in King County is declining. The 2008 American Community Survey (ACS) indicates that there are approximately 131,000 veterans in King County, out of a total population of about 1.9 million persons (7 percent of the population), and is made up of approximately 123,000 men and 8,000 women veterans. This is down from 2000, when the census estimated the veteran population at 163,815, or 9.43 percent of King County's overall population.

A snapshot of the ages of military veterans as a percentage of overall King County population by war era is shown in Table 1 below.

Table 1: Age of Military Veterans compared to overall King County population, by Era						
Era	Period of Service	Age of typical Veteran	Number of KC Veterans this Age Cohort (A)	Percentage this cohort among all Veterans (A/Total A)	Number of KC Residents this Age (B)	Percentage KC Residents this Age who are also Vets (A/B)
WWII	1941-1946	85 to 94	6,550	5%	30,350	22%
Korean War	1950-1953	75 to 84	19,650	15%	67,850	29%
Peacetime	1954-1966	65 to 74	13,100	10%	97,750	13%
Vietnam War	1966-1975	55 to 64	65,500	50%	202,350	32%
Peacetime	1975-1991	35 to 54	19,650	15%	585,750	3%
Gulf War I	1991-2001	19 to 34	6,550	5%	431,600	2%
OIF/OEF	2001-2010					
	Totals		131,000		1,415,650	

The largest proportion of veterans in King County (between 37 and 54 percent) served in the military during the Vietnam Era. One-fifth of veterans in King County (20 percent) served in the World War II and Korean War eras, and an additional 10 percent were in the military during peacetime between the Korean and Vietnam War eras. There has been a significant drop in numbers serving in the military during more recent conflicts in Gulf War I (1990-2001) and the current conflicts in Iraq and Afghanistan.

The overall decline of those serving in the military can be attributed to a number of factors, but in particular to the change to an all-volunteer service. The largest cohort of veterans (just over 50,000) is from the Vietnam War era when the draft was in effect. In 1973, towards the end of the Vietnam War, the United States changed to an all-volunteer military. In King County, among those over age 65, more than half of the male population served in the military. Among males aged 55 to 64, over one-third served. Men age 54 and younger did not come of age during a time of a draft, and consequently among men between the ages of 35 and 54, roughly only 4 percent are veterans. In the youngest group, males ages 18 to 34 make up less than 3 percent of all veterans.

## B. Female Veterans

The number of women in the military has been steadily on the rise, according to estimates by the U.S. Department of Defense (DOD). Over 200,000 women have served in Iraq and/or Afghanistan to date.<sup>3</sup> Estimates for 2008 put the count of women currently serving in the Iraq and Afghanistan Wars at 50,000.

Women as a percentage of the armed forces have increased considerably. The percentage of women on active duty has grown from 4 percent of the armed forces in 1983 to 12 percent in 2000. According to the VA, women comprise roughly 15 percent of the current active-duty population. Among veterans, women make up roughly 6 to 7 percent of King County's veteran population, which matches national figures for the percentage of women among all veterans. National research projects the number of women service members to continue to rise over time, as the overall percentage of women increases and fewer men volunteer to serve.



U.S. military members discuss the outcome of an all women's shura (meeting) with the district sub-governor in Farah province, Afghanistan on July 10, 2010. The sub-governor proposed the shura and invited the female engagement team members to listen to the concerns of district women.

*U.S. Air Force photo by Senior Airman Rylan Albright.*

For women serving in the military, the changing nature of military service is significant. Prior to 2001, America's military women rarely saw ground combat. Military doctrine did not permit women to participate in jobs that would put them near enemy lines. Even now, they cannot join combat branches like the infantry, armor, Special Forces and most field artillery units.<sup>4</sup> With the current conflicts in Iraq and Afghanistan, more women are becoming high-ranking officers and leading primarily male units as officers, but military policy still dictates that they cannot serve with men in battle.

All the same, as Army commanders face the need to stretch resources under the all-voluntary forces, they also stretch the rules prohibiting women from certain jobs. Women are being asked to take on tasks such as bomb disposal and intelligence. Commanders are using terminology to get around the rules, such as "attaching" women to units rather than "assigning" them.<sup>5</sup> For example, in Iraq and

<sup>3</sup> Swords to Plowshares. "Combat to Community: Facts and Figures of Post 9/11 Veterans and their Families." September, 2009 <http://www.swords-to-plowshares.org/CombatToCommunity>

<sup>2</sup> Alvarez, Lizette. "G.I. Jane Breaks the Combat Barrier." New York Times, August 15, 2009. <http://www.nytimes.com/2009/08/16/us/16women.html>

<sup>5</sup> Alvarez, Lizette. "G.I. Jane Breaks the Combat Barrier." New York Times, August 15, 2009. <http://www.nytimes.com/2009/08/16/us/16women.html>

Afghanistan women patrol streets with machine guns, serve as gunners on vehicles, dispose of explosives, and drive trucks down bomb-ridden roads.<sup>6</sup> A small number of women have been involved in conducting raids and engaging the enemy directly, which is a violation of existing policy. Cloaking this type of service can mean that although women have been assigned more responsibility and treated with more equality on the front, they are not always recognized for their combat experience upon separation from the service. Consequently, they may be denied benefits reserved for only those service members who officially saw combat, such as an extended period of enhanced healthcare and preventive services available through the VA healthcare system.<sup>7</sup>

### C. Reintegration into Civilian Life

An individual's tour of duty and type of military experience can influence his or her return to civilian life. For the period 1975 through 2000, military personnel could, for the most part, count on a steady career path and fairly predictable military experience. Most personnel were stationed for the majority of their career on U.S. soil with one or two deployments at well-established bases in Europe or parts of Asia. National Guard and Reservists were typically deployed for only short-term assignments to assist with national emergencies, such as recovery efforts after floods or hurricane, and were rarely deployed abroad. This has changed in the most recent wars, which are characterized by multiple deployments for members of the regular armed services as well as National Guard and Reserves, and assignment to temporary war-theater bases.

The Iraq and Afghanistan Wars, also known as Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF), are being waged by an all-volunteer military. Without a mandatory draft, those who enlist in the military tend to be a narrower representation of the American population – typically those with lower-income and living in difficult circumstances for whom the training and income offered by the military offer career opportunities not otherwise available to them.

Upon separating from active duty military service, many veterans face a range of issues that pose challenges to their ability to reintegrate with the civilian world and succeed in housing. The issues include:

- Employment
- Disability
- After Effects of Trauma, particularly:
  - Post Traumatic Stress Disorder
  - Traumatic Brain Injury
  - Military Sexual Trauma
- Mental Health and Substance Abuse
- Other Emerging Issues, particularly:
  - Aging Veterans
  - Domestic Violence
  - Military Discharge Status

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<sup>6</sup> Ibid.

<sup>7</sup> Swords to Plowshares. "Combat to Community: Facts and Figures of Post 9/11 Veterans and their Families." September, 2009 <http://www.swords-to-plowshares.org/combatToCommunity>

## Employment

Many individuals acquired work skills during their military service that are very specialized and not always transferable to civilian work. According to the U.S. Bureau of Labor Statistics, the unemployment rate for post 9/11 veterans is higher than the overall national unemployment rate, reaching 11.3 percent<sup>8</sup> in 2009. The unemployment rate is much higher, at 21 percent for younger veterans aged 18 - 24, as many in this age group tend to have limited education and struggle to transfer their military skills to civilian employment. According to a report on employment histories of veterans prepared for the VA in 2008, 18 percent of veterans recently separated from military service are unemployed, and of those who are employed, 25 percent earn less than \$21,840 per year.<sup>9</sup>

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Returning veterans who left jobs behind while they served their country, such as those in the National Guard or Reserves, may find that their jobs no longer exist. In some cases, employers have folded, down-sized, merged or relocated their businesses. Without secure income or livable wages, veterans' ability to obtain or maintain stable housing is reduced.

## Disability

As with any person with a disability, veterans with a disability are vulnerable to employment discrimination and challenged to find affordable, accessible housing. According to the 2007 National Alliance to End Homelessness (NAEH) report on veterans, one out of 10 veterans is disabled, and many suffer from physical disabilities, often caused by injuries in combat. More veterans of the current wars in Iraq and Afghanistan are surviving serious injuries than in past conflicts, but then must live with serious disabilities. Current estimates indicate that more than 20,000 service men and women nationally have been disabled, either physically or mentally. For every one death, seven service members are wounded. In the Vietnam and Korean wars, by contrast, there were fewer than three people wounded for each fatality. In World Wars I and II, there were less than two

Better medical care and stronger body armor are enabling many more soldiers to survive injuries that might have led, in earlier generations, to death. While these survival rates are heartening, the resulting service needs among these disabled veterans are only recently emerging. Chronic pain was the most common complaint of nearly 350,000 Iraq- and Afghanistan-era veterans treated by the Department of Veterans Affairs, according to a 2008 USA Today report, and is severe enough in about 30% of those cases to limit daily living. Prescriptions among veterans for pain medication have jumped since 2005, bringing with it concerns that returning veterans run the risk of becoming reliant on pain medication.

The VA offers two types of benefits to disabled veterans: 1) disability compensation; and 2) disability pension. According to VA 2008 data, just over 10 percent of King County veterans were receiving disability compensation, and less than 1 percent were receiving disability pension. The average monthly compensation under these two programs is \$790 and \$705 respectively. For veterans who receive Social Security Insurance (SSI) rather than VA financial support, their disability payments average \$1,067. Eligibility for all three types of benefits is complex and the application process can be

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<sup>8</sup> Patterson, Thom. "U.S. seeing more female homeless veterans." CNN. September 25, 2009.

<http://www.cnn.com/2009/LIVING/09/25/homeless.veterans/index.html?iref=mpstoryview#cnSTCVideo>

<sup>9</sup> "Employment Histories Report Final Compilation Report. Bethesda, MD: March 28, 2008. (fact taken from Swords to Plowshares document)

cumbersome. None of these three payment standards is adequate to afford housing and basic living expenses in King County, where average rent in 2010 is \$975 for a two bedroom apartment.

## After Effects of Trauma

### *Post Traumatic Stress Disorder*

Post-Traumatic Stress Disorder (PTSD) occurs after an individual has seen or experienced a traumatic event involving threat of injury or death, and the more severe the trauma and longer exposure to the trauma, the greater the possibility of developing PTSD.<sup>10</sup> Combat veterans are twice as likely to experience PTSD as veterans who have not experienced combat. Symptoms of PTSD may include anxiety, restlessness, sleeplessness, irritability, poor concentration, hyper vigilance or an exaggerated startle response. PTSD can disrupt family life, job responsibilities, and social engagement.<sup>11</sup>

Nationally it is estimated that among OIF/OEF veterans there are 300,000 persons suffering from PTSD among a total deployment population of 2,000,000, or roughly 15 percent.<sup>12</sup> However, with the delay in onset of symptoms of PTSD, studies suggest that 35 percent of OIF/OEF veterans or roughly 700,000 veterans will suffer from PTSD over their lifetimes. Currently, nearly 102,000 OIF/OEF veterans have a confirmed diagnosis of PTSD and approximately 69,500 veterans have been diagnosed with depressive disorders by the VA.<sup>13</sup> In King County, we can expect that anywhere from 1,000 to 2,300 individuals will suffer from PTSD as a result of their Gulf War or OIF/OEF military tour.



A Special Forces medic treats wounded soldier in the Helmand Province, Afghanistan. Photo taken in April

Just over 50 percent of veterans who need treatment for major depression or PTSD actually seek treatment. This is due in part to the fact that many veterans may not realize they are suffering from PTSD. Many who have PTSD do not admit they have it or delay seeking treatment for five to ten years after the trauma occurred.<sup>14</sup> In addition, within the Army and Marines in particular, a belief in the “Army as One” or “Marines solve problems themselves” pervades, leading many in the military to avoid treatment of PTSD at all.<sup>15</sup> In 2006, a National Public Radio investigation found evidence suggesting that officers at Colorado’s Fort Carson punished soldiers who sought help and even kicked soldiers out of the Army for this reason.<sup>16</sup> Staff with the VA-funded Seattle Vet Center perceive that this negative stigma persists into 2010.

Veterans with PTSD and/or depression face a broad range of physical, cognitive, behavioral, emotional, and social challenges. Multiple deployments, which have become the standard in recent

<sup>10</sup> Tanielian, Terri, Lisa H. Jaycox, Terry L. Schell, et al. *Invisible Wounds of War: Summary and Recommendations for Addressing Psychological and Cognitive Injuries*. Santa Monica: RAND Corporation. 2008  
[http://www.rand.org/pubs/monographs/2008/RAND\\_MG720.1.pdf](http://www.rand.org/pubs/monographs/2008/RAND_MG720.1.pdf).

<sup>11</sup> Ibid.

<sup>12</sup> Institute for Operations Research and the Management Sciences. “Iraq Troops’ PTSD Rate As High As 35 Percent, Analysis Finds.” ScienceDaily, September 15, 2009. <http://www.sciencedaily.com/releases/2009/09/090914151629.htm>.

<sup>13</sup> Veterans Health Administration “Analysis of VA Health Care Utilization Among US Global War on Terrorism (GWOT) Veterans: OEF/OIF.” Office of Public Health and Environmental Hazards. Washington, DC: May 2009 (fact taken from Swords to Plowshares doc)

<sup>14</sup> Interview with Seattle Vet Center staff.

<sup>15</sup> Comments made by staff at the Seattle Vets Center

<sup>16</sup> Zwerdling, Daniel. “Soldiers say Army ignores, punishes mental anguish.” National Public Radio. December 4, 2006.  
<http://www.npr.org/templates/story/story.php?storyId=6576505&ps=rs>



wars, also increase the likelihood that a service man or woman will suffer from PTSD. On the positive side, PTSD and depression are treatable, especially when recognized early.

Recently the VA has approved a streamlined process for PTSD claims and has authorized a “presumptive service connected” award for service-connected (SC) claims. The requirements for this new presumptive recognition are still under development, but it is an indication that the VA takes the disorder seriously and is moving ahead to facilitate the process for claims applications. The VA regularly reviews their eligibility criteria and service provisions in order to meet the needs of a changing military environment.

### *Traumatic Brain Injury*

Traumatic Brain Injury (TBI) is caused by blunt force injury to the head and/or the concussive force of explosions which cause the brain to slam against the skull. The type of warfare being waged in Iraq and Afghanistan is resulting in a substantial increase in TBI, often caused by Improvised Explosive Devices (IEDs). An estimated 320,000 veterans may have experienced TBI ranging from mild to severe. Similar to veterans who experience PTSD, many who experience TBI are not properly diagnosed for lack of a proper screening tool and because injuries are not always obvious; the skull does not need to be penetrated, and symptoms can be similar to PTSD. A 2008 Research And Development (RAND) study looking at OIF/OEF veterans who reported a probable TBI, 57 percent had not been evaluated by a physician for brain injury.<sup>17</sup> Compounding the challenges, if a person experiences a TBI event that is also “traumatic” such as witnessing an IED injure or kill another person, he or she may experience both PTSD and mild to moderate TBI from the force of the explosion. The long-term consequences of TBI as a result of repeated explosive forces are unknown.

### *Military Sexual Trauma*

Military Sexual Trauma (MST) is defined as “any military personnel harassing, assaulting, or raping another military service member or civilian.”<sup>18</sup> In today’s military, with more women living side by side with men, the number of women who are subject to sexual harassment and assault has increased exponentially.

It is estimated that one in three women and one in 10 men in the military has experienced sexual assault.<sup>19</sup> In a Government Accountability Office (GAO) performance audit conducted between July 2008 and July 2009 on the VA’s provision of health care for women veterans, among women veterans screened by VA for MST, one in five women screened positive for experiencing MST.<sup>20</sup> Even so, the GAO believes that the rates of sexual assault currently cited by the DOD are low because of the stigma experienced by those reporting the offense. In a survey taken in 2008 of 3,757 persons in 14 military installations, 103 said they had been sexually assaulted in the past year and had reported

Members of Pack Parachute, a non-profit organization supporting veterans who have experienced MST, at the 2009 Veterans Day Parade in Auburn



<sup>17</sup> Tanielian, Terri, Lisa H. Jaycox, Terry L. Schell, et al. *Invisible Wounds of War: Summary and Recommendations for Addressing Psychological and Cognitive Injuries*. Santa Monica: RAND Corporation. 2008  
[http://www.rand.org/pubs/monographs/2008/RAND\\_MG720.1.pdf](http://www.rand.org/pubs/monographs/2008/RAND_MG720.1.pdf).

<sup>18</sup> <http://www.militarysexualtrauma.org> (definition)

<sup>19</sup> Wright, Ann, Colonel. “Sexual Assault in the Military: A DoD Cover-Up?.” TruthDig. August 1, 2008.  
[http://www.truthdig.com/report/item/20080801\\_sexual\\_assault\\_in\\_the\\_military\\_a\\_dod\\_cover\\_up/](http://www.truthdig.com/report/item/20080801_sexual_assault_in_the_military_a_dod_cover_up/)

<sup>20</sup> Williamson, Randle B. *Preliminary Findings on VA’s Provision of Health Care Services to Women Veterans*. United States Government Accountability Office report. Testimony before the Subcommittees on Disability Assistance and Memorial Affairs and Health, Committee on Veterans’ Affairs, House of Representatives July 16, 2009.  
[www.gao.gov/new.items/d09899t.pdf](http://www.gao.gov/new.items/d09899t.pdf)

it, while 52 others said they had been assaulted but did not report the assault.<sup>21</sup> In 2007, 2,212 rapes throughout the military were reported, but only 8 percent of these cases ended up in court-martial of the perpetrator; by comparison, in civilian court cases, prosecution rates are 40 percent.<sup>22</sup>

The long-term repercussions of MST are uncertain. Like individuals who develop PTSD, MST survivors with symptoms such as depression and anxiety may find holding down a job too difficult and eventually become homeless as a result. Veteran advocates claim that MST may be one factor causing PTSD<sup>23</sup> and in one study conducted in 2007, 60 percent of those with MST also suffered from PTSD.<sup>24</sup>

### Mental Health and Substance Abuse

Combat exposure appears to be a primary factor in mental health and substance abuse rates among veterans. In one study, one in four veterans of OIF/OEF reported symptoms of a mental or cognitive disorder; one in six reported symptoms of PTSD. These disorders are strongly associated with substance abuse and dependence, as are other problems experienced by returning military personnel, including sleep disturbances, TBI, and violence in relationships.<sup>25</sup>

While the full repercussion of this increased incidence of mental illness and substance abuse among veterans remains to be seen, the impact is highly evident among homeless veterans. According to a 2007 report conducted by the NAEH, nearly 45 percent of homeless veterans suffer from mental illness. Substance abuse also affects a large portion of homeless veterans. Seventy percent of homeless veterans suffer from substance abuse problems with considerable overlap between mental illness and substance abuse disorders. This finding is similar within the general homeless population, but some research suggests that there is more substance abuse among homeless veterans than non-veteran homeless.<sup>26</sup>

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<sup>21</sup> Wright, Ann, Colonel. "Sexual Assault in the Military: A DoD Cover-Up?" TruthDig. August 1, 2008.

<sup>22</sup> Wright, Ann, Colonel. "Sexual Assault in the Military: A DoD Cover-Up?" TruthDig. August 1, 2008.

<sup>23</sup> Patterson, Thom. "U.S. seeing more female homeless veterans." CNN. September 25, 2009.

<sup>24</sup> <http://www.cnn.com/2009/LIVING/09/25/homeless.veterans/index.html?iref=mpstoryview#cnnSTCVideo>

Yaeger, Deborah, Naomi Himmelfarb, Alison Cammack and Jim Mintz. "DSM-IV diagnosed post-traumatic stress disorder in women veterans with and without military sexual trauma." Journal of General Internal Medicine 21, no. 3 (March 2006): S65-69. <http://www.springerlink.com/content/031451136128x382/>. (source taken from Swords to Plowshares doc)

1. <sup>25</sup> National Institute on Drug Abuse, Message from the Director on Substance Abuse Among Troops, Veterans, and Their Families. <http://drugabuse.gov/about/welcome/substanceabuse1209.html>

<sup>26</sup> NEAH. "Vital Mission. Ending Homelessness Among Veterans." Homelessness Research Institute. November, 2007.



## Other Emerging Issues

### *Aging Veterans*

According to the VA, as of 2010, nearly 40 percent of U.S. veterans are at least 65 years old. World War II veterans are now in their mid to late 80s, Korean War era veterans are in their mid to late 70s and the largest surviving group of veterans, Vietnam War era veterans, falls between the ages of mid 50s and early 60s. As a community, we will need to prepare for the day-to-day issues of aging among this cohort. We may also need a better understanding of the long-term impacts of military service on the mental and physical health of aging veterans. For those who experienced combat, studies show that PTSD symptoms may continue to impact veterans later in life, and most significantly in veterans with service-connected disabilities.<sup>27</sup> Another study, conducted in 1998 on groups of World War II and Korean War conflict veterans, found they were particularly susceptible to health problems related to exposure to trauma, which research suggests contributed to increased vulnerability to “life stressors.”<sup>28</sup>

### *Domestic Violence*

Domestic violence is likewise showing an increased incidence among veterans, particularly among veterans who experience PTSD. According to the VA, “male veterans with PTSD are two to three times more likely than veterans without PTSD to engage in intimate partner violence and more likely to be involved in the legal system.”<sup>29</sup> Researchers are concerned that with the large numbers of veterans diagnosed with PTSD, domestic violence may increase across the United States. Monica Matthieu, an expert on veteran mental health and Peter Hovmand, an expert on domestic violence, have combined their research interests to design community prevention strategies to address this emerging public health problem.<sup>30</sup>

One challenge that these experts foresee is for clinicians and social workers less familiar with domestic violence symptoms to be able to identify battering behavior among veterans with active PTSD symptoms. Since treatment for domestic violence and PTSD are very different, it is important for those assisting veterans to know how to find the help the veteran needs. In such cases, these experts believe coordinated care with domestic violence prevention agencies, law enforcement, the courts, and social service agencies should be part of the veteran’s treatment plan.

The victims of domestic violence are most often women and for those veterans’ spouses with fewer resources, it can become a choice between abuse at home or life on the streets. According to data from the National Network to End Domestic Violence, approximately 63 percent of homeless women have experienced domestic violence in their adult lives.<sup>31</sup> The U.S. Conference of Mayors reported that in 2008, 28 percent of families were homeless because of domestic violence.<sup>32</sup>

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<sup>27</sup> Chatterjee, Sharmila, Avron Spiro, Lynda King, Daniel King, & Eve Davison. PTSD Research Quarterly. Vol. 20, No. 3. ISSN: 1050-1835, Summer 2009.

<sup>28</sup> Chatterjee, Sharmila, Avron Spiro, Lynda King, Daniel King, & Eve Davison. PTSD Research Quarterly. Vol. 20, No. 3. ISSN: 1050-1835, Summer 2009. P. 2

<sup>29</sup> ScienceDaily. “Growing Problem for Veterans: Domestic Violence.” November 7, 2008.  
<http://www.sciencedaily.com/releases/2008/11/081106181415.htm>

<sup>30</sup> ScienceDaily. “Growing Problem for Veterans: Domestic Violence.” November 7, 2008.  
<http://www.sciencedaily.com/releases/2008/11/081106181415.htm>

<sup>31</sup> <http://www.nationalhomeless.org/factsheets/domestic.html>

<sup>32</sup> <http://www.nationalhomeless.org/factsheets/domestic.html>

## Military Discharge Status

Disclosure of a veteran's discharge status is required in order to determine eligibility to receive services and resources that are available for veterans and military personnel at the county, state and federal levels. In the military environment, the quality of a person's discharge is seen as a clear indication of whether or not that individual has met the expectations and requirements of their enlistment. Eligibility for veteran services varies at each governmental level but everyone requires the veteran to present a Discharge Form (DD214) which identifies the term of service and his/her discharge status. Certain programs provide services to only those with "Honorable" or "General Under Honorable Conditions (UHC)". "Other than Honorable", "Bad Conduct", and "Dishonorable" discharges render the veteran ineligible for veteran-specific services available through the VA, WDVA, or KCVP. Individuals may appeal their discharge status, and there are occasionally exceptions for reasons that are considered humanitarian.<sup>33</sup> See Table 2 for a comparison of the VA's military benefit eligibility depending on discharge status.

<b>Table 2: Military Discharge Status and VA benefits available</b>					
	Honorable	General Under Honorable Conditions	Other Than Honorable	Bad Conduct Discharge	Dishonorable Discharge
Medical & Dental	X	X	UA	UA	NE
Hospitalization and Domiciliary Care	X	X	UA	UA	NE
G.I. Bill	X	NE	NE	NE	NE
Home Loans	X	X	UA	UA	NE
Disability Compensation and Pension	X	X	UA	UA	NE
X= Eligible    UA= Upon Appeal    NE= Not Eligible					

A group of veterans who may be more vulnerable to being discharged with less than honorable status are those who have experienced trauma during their military careers, including PTSD, MST, or TBI. As noted earlier in this report, a 2006 National Public Radio investigation found evidence suggesting that soldiers who sought help for PTSD were discharged from the Army or otherwise disciplined. One veteran stated that he was threatened with being reported for going Absent Without Leave (AWOL) when he advised his commanding officers he was going to check himself into the hospital for suicidal thoughts.

No large study has been conducted yet to explore military discharge status among homeless individuals who have served in the military, and many individuals who do have a less than honorable discharge are likely to disclaim veteran status given the stigma of their discharge status. Many local housing providers who work with chronically homeless individuals and high-utilizers of public services believe a considerable number of this population of homeless veterans do not have honorable discharges. One Veteran Outreach Specialist for Evergreen Treatment Services' REACH Program who has worked with about 75 veterans over the years, estimates that about half of them were not honorably discharged.

In December 2009, Catholic Housing Services, a local housing agency, conducted an informal and voluntary survey of residents living in their permanent and transitional housing facilities in Seattle. The results showed that of the 72 veterans residing in their units, only one stated he was dishonorably discharged. Other agencies such as Sound Mental Health, Downtown Emergency Service Center (DESC), and Plymouth Housing Group have mentioned concerns about some of the veterans in their projects being unable to receive benefits from the VA due to their discharge status.

<sup>33</sup> Barton F. Stichman and Ronald B. Abrams. Veterans Benefits Manual. 2008 ed. Charlottesville, VA: Matthew Bender & Company, Incl, 2008. (taken from Swords to Plowshares doc)

An individual may appeal his or her discharge status, and each military service department maintains a discharge review board that has the authority to change, correct, or modify discharges that are not issued by a sentence of a general courts-martial. The appeal process is initiated by applying in writing (using a DOD Form 293) for a review of discharge to the appropriate military department. The discharge review board is convened by service component, usually on a bi-annual basis. While the VA is not usually involved in the discharge upgrade process, for veterans who have received an "Other Than Honorable" discharge the VA may at their discretion assist in the appeal process.

#### D. Local Needs Assessments compared with National Assessment Tools

Since 1993, the Department of Veterans Affairs (VA) has collaborated with local communities across the United States on Project CHALENG (Community Homelessness Assessment, Local Education and Networking) for veterans. The vision of CHALENG is to bring together homeless and formerly homeless veterans, providers, advocates, local officials, and other concerned citizens to identify the needs of homeless veterans and then work to meet those needs through planning and cooperative action.

Each year, CHALENG conducts a survey of met and unmet needs among veterans. Upon review, significant differences emerge in unmet needs among homeless versus housed veterans. The following discussion presents interpretations of the highest unmet needs self-identified by veterans in the three housing groups and by providers serving veterans.

*Veterans who are literally homeless:* Securing long-term permanent housing is this group's most important objective. Respondents also focus on immediate financial assistance and benefits eligibility (welfare payments, VA disability, social security disability), rather than employment, for survival. Homeless veterans also report a high need for dental care.

*Veterans in transitional housing:* veterans in transitional housing are still concerned about financial means (SSI/SSD, welfare payments). However, now in a safe, supportive residence, veterans can switch their attention from survival to resolving other concerns such as securing child care for dependents in order that the veteran may work or participate in treatment; rebuilding family ties (family reconciliation assistance) and addressing issues that affect their financial viability (legal assistance for child support issues).

*Veterans in permanent housing:* These veterans focus on their ability to remain independent in their homes (resolution of warrants/fines, child support) and express greater interest in job finding resources. Dental care is noted as a high unmet need, reflecting perhaps that these veterans, once permanently housed, are no longer eligible for Homeless Veteran Dental Program (HVDP) services. Dental care affects personal appearance and may weigh on veteran's stated concerns around obtaining employment (presentation at job interviews).

*VA and Community Providers:* Providers report a wider range of unmet needs, perhaps allowing for the fact that providers see a wide range of veterans - from literally homeless to stably housed. The top need reported among providers was childcare, followed by legal assistance, family reconciliation assistance, long term housing, credit counseling, dental care, and money management.

The highest met needs, as rated by all CHALENG respondents, were medical services (including TB and hepatitis testing), substance abuse treatment, food, personal hygiene, and mental health services. Most of these services are routinely offered by VA medical centers and local partners; however, veterans who avoid the VA may not have these needs met as well as those who do use VA services.

Mainstream systems and the homeless delivery system both have a role to play in responding to these met and unmet needs and ending homelessness among veterans. Those elements that are the purview of the veterans' system (such as medical care), or the homeless system (such as permanent housing), are discussed more fully in the services and housing section of this report. For needs that are best met through mainstream supports, such as childcare, it will be important to develop strong community partnerships to assure that veterans and their families are able to link to appropriate community resources.

### III. Understanding Homeless Veterans: Housing Stability and Homelessness among King County Veterans

In February, 2011, VA and HUD issued “Veteran Homelessness: A Supplemental Report to the 2009 Annual Homeless Assessment Report (AHAR) to Congress” with analysis of the extent and nature of homelessness at a national and regional level among Veterans.<sup>34</sup> This report is based on data submitted through local and state homeless management information systems, and is therefore dependent on those widely varying systems for its data. According to HUD and VA’s assessment, nearly 76,000 veterans were homeless on a given night in 2009 while roughly 136,000 veterans spent at least one night in a shelter during that year. Within Washington State, approximately 1,950 veterans are homeless on any given night across the state. Findings in the joint federal report reflect similar findings from previous sections of this report – veterans can face significant challenges obtaining and succeeding in housing.

A major finding of the joint HUD and VA report is that veterans are overrepresented among the homeless population. Based on 2009 national point-in-time estimates, approximately 12 percent of all people (and 16 percent of adults) experiencing homelessness identified as a veteran, as did 10 percent of those homeless over the course of a year. Less than 8 percent of the US population has veteran status. This overrepresentation among veterans is likewise born out in local data.

The federally mandated HMIS, regionally called “Safe Harbors” collects information from homeless housing providers on individuals in King County who are homeless or at risk of homelessness and who utilize emergency shelter, transitional housing, and permanent supportive housing. Demographic characteristics and information on service needs currently being collected in Safe Harbors include age, gender, race, housing status, and whether someone served in the U.S. military. Safe Harbors data for 2009 revealed that nearly 21 percent of homeless single men and approximately 4 percent of homeless single women reported they had served in the U.S. military. This percentage is significantly higher than figures included in the 2009 HUD and VA AHAR report, and wide differences in how this data is collected and reported across regions may account for variations between local and national analysis. For example, HUD did not include local Safe Harbors data in its analysis for the 2009 Veterans Homeless AHAR report.

Through analysis of a variety of sources regarding homeless populations and veterans, local planners estimate that about 1,000 to 1,150 homeless veterans live in King County at any point in time.<sup>35</sup> See Table 3 for a comparison of local to national estimates on homeless veterans for 2009.

<b>Table 3: Comparison of Local to National Estimates on Homeless Veterans</b>			
Homeless Veteran Estimates	National	State	King County
Point in Time Counts (January, 2009)	131,000	8,264	1,000-1,150
Male Veterans	96%	N/A	92%
Female Veterans	4%	N/A	8%
Chronically Homeless Veterans	22-23%	N/A	27%

<sup>34</sup> U.S. Department of Housing and Urban Development, U.S. Department of Veterans Affairs. “Veteran Homelessness: A Supplemental Report to the 2009 Annual Homeless Assessment Report to Congress”, February 2011. Interestingly, the report states that nearly half (48 percent) of homeless veterans at the national level reside in just four states: California (26 percent), Florida (9 percent), New York (8 percent) and Texas (7 percent). This may reflect wide differences in the way data is collected and reported.

<sup>35</sup> The exact number of homeless veterans in King County is unknown. This estimate was derived by applying the 18-21% of the overall count for single adult veterans reported in Safe Harbors-HMIS in 2009 to King County’s 2010 one night count of 5,506 homeless single adults living on the street, in shelters and/or transitional housing.

## A. Low-Income Veterans

As noted in the HUD/VA national AHAR report, low-income veterans are twice as likely to become homeless compared to all low-income adults. Among those veterans who rent, just over 10 percent nationally have a severe housing burden, though among veterans who served in the military during the Vietnam War and World War II, 16 and 20 percent respectively have a severe housing cost burden. In comparison, the overall percentage of King County renters who experience a severe housing burden is approximately 17 percent.<sup>36</sup> Veterans experiencing a severe housing cost burden are most likely to be those who are disabled, female, unmarried, or as noted above, those who served in the military during the Vietnam War and World War II.

## B. Homeless Male Veterans

King County housing providers and case managers describe the veteran homeless population currently being served by their organizations as mostly single, male, and over 40 years of age. The time period of military service varies, with a number having served during the Gulf War, many others during the time of the Vietnam War, and others having served during peacetime.<sup>37</sup>

Safe Harbors' 2009 data of Emergency Shelter and Transitional Housing programs in King County document an average age among homeless male veterans of 51 years old. Eight percent were under 34 years of age, which is an increase of 3 percent since 2008, when there were less than 5 percent under age 34.



*Homeless US Veteran, photo taken 2009*

## C. Homeless Female Veterans

National findings show that homeless female veterans make up 4 percent of the homeless population<sup>38</sup> and about 10 percent of the homeless veteran population.<sup>39</sup> Peter Dougherty, director of homeless veterans programs at the VA commented, "While the overall numbers (of homeless veterans) have been going down, the number of female veterans who are homeless is going up."<sup>40</sup> A 2003 report by the American Journal of Public Health comparing the veteran and non-veteran populations of homeless women showed that homelessness was two to four times greater among veterans than among women who had not served in the military.<sup>41</sup>

<sup>36</sup> Felt, Chandler. King County Performance, Strategy and Budget Office. Analysis of 2010 Census Data, January 2011.

<sup>37</sup> Interviews conducted between September 2009 and January 2010 by King County Veterans Housing Planner

<sup>38</sup> NEAH. "Vital Mission. Ending Homelessness Among Veterans." Homelessness Research Institute. November, 2007.

<sup>39</sup> VA estimates

<sup>40</sup> Bender, Bryan. "More female veterans are winding up homeless." The Boston Globe. July 6, 2009.

[http://www.boston.com/news/nation/washington/articles/2009/07/06/more\\_female\\_veterans\\_are\\_winding\\_up\\_homeless/?page=2](http://www.boston.com/news/nation/washington/articles/2009/07/06/more_female_veterans_are_winding_up_homeless/?page=2)

<sup>41</sup> Gamache, Gail, Robert Rosenheck, and Richard Tessler. "Overrepresentation of Women Veterans Among Homeless Women." American Journal of Public Health. July 2003, Vol 93, No. 7. <http://ajph.aphapublications.org/cgi/reprint/93/7/1132>

The following data from Safe Harbors on emergency shelter and transitional housing programs in King County report the following percentage breakdowns among homeless veterans.

<b>Table 4: Ages of Homeless Veterans in King County</b>		
Age Group	Age Group among Homeless Male Veterans	Age Group among Homeless Female Veterans
19-34	5%	8%
35-54	54%	74%
54-64	27%	18%
65-74	7%	<1%
75-89	1%	<1%

Despite the fact that the numbers of homeless female veterans nationally are increasing, there is still a lack of services that specifically serve women at the VA. Mr. Dougherty also stated that, out of 500 VA-managed homeless shelters, only 300 of them accept women. Of this number, 15 shelters serve women solely, and none of the shelters accept women and their children.<sup>42</sup> There are currently no VA-run shelters in King County. To address the service gap for female veterans, Senator Patty Murray is co-sponsoring a bill focused on expanding federal dollars to programs that target women veterans and veterans with families. On the topic of VA services for women and families, Senator Murray commented, "It is always hard to find a place or resource or help when you are homeless. It is almost impossible if you are a woman. Most of the VA facilities cater to men, and you can't take a mom with two little kids and put her in the middle of a homeless center with 30 or 40 male veterans."<sup>43</sup>

From August 5, 2009 through September 10, 2009, the U.S. Department of Labor's Women's Bureau conducted listening sessions with homeless and formerly homeless female veterans in seven states

*Often women who have served in the military do not consider themselves veterans since they do not serve in combat. As a result, they typically do not seek benefits or services at the VA to which they are entitled.*

including Washington. Issues mentioned by the women as a cause for their homelessness were unemployment, legal problems, disabilities, divorce or separation, domestic violence, lack of family or social support networks, and substance abuse. While these issues impact many homeless women, other factors were more specific to military service such as PTSD and MST, and in some cases, the inability for the skills they acquired in the military to transfer easily to civilian jobs. One issue mentioned was the fact that often women who have served in the military do not consider themselves veterans since they do not serve in combat. As a result, they typically do not seek benefits or services at the VA to which they are entitled.<sup>44</sup>

#### **D. Homeless Veteran Families**

In 2009 veteran families (households with children under age 18 and who have a parent who served in the military) accounted for approximately 3 percent of the homeless families staying in emergency shelters and/or transitional housing in King County. Housing providers and Safe Harbors data analysts state this may be an undercount for several reasons: hesitancy to seek services, hesitancy to share information on their situation in general, and hesitancy to identify as a veteran in particular. It should be noted that there was a 24 percent increase nationally for veteran families seeking assistance with housing over the previous years' results, according to federal VA statistics collected through its CHALENG<sup>45</sup> survey of local agencies providing assistance to homeless veterans throughout the United States.

<sup>42</sup> Schmitt, Melissa. "Homelessness a problem for women veterans." Medill Reports. Northwestern University. June 12, 2008. <http://news.medill.northwestern.edu/washington/news.aspx?id=94017>

<sup>43</sup> Hefling, Kimberly. "Homeless female veterans a population on the rise." The Huffington Post. December 15, 2009. [http://www.huffingtonpost.com/2009/12/15/homeless-female-veterans\\_n\\_392696.html](http://www.huffingtonpost.com/2009/12/15/homeless-female-veterans_n_392696.html)

<sup>44</sup> [http://www.dol.gov/wb/programs/listening\\_sessions.htm](http://www.dol.gov/wb/programs/listening_sessions.htm)

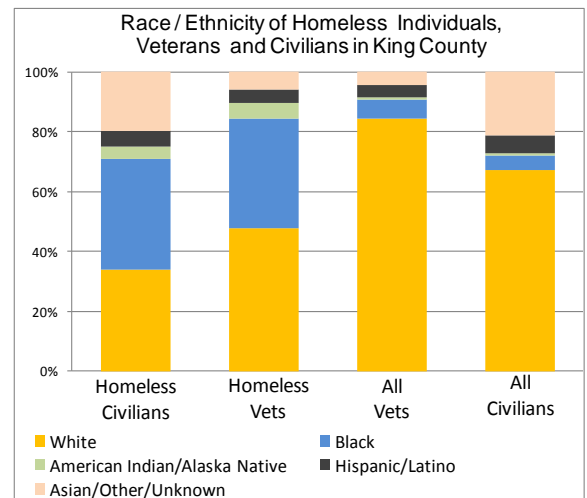
<sup>45</sup> CHALENG: Community Homeless Assessment, Local Education and Networking Group.

VA-Puget Sound Homeless Care Line is seeing an increase in veterans and their families seeking housing assistance, including OIF/OEF veterans. In response to the increased need, VA-Puget Sound Homeless Care Line hired a social worker in 2009 who specializes in working with special populations, including homeless veteran families. The Program Coordinator of the Homeless Care Line at the VA-Puget Sound claimed they are seeing approximately 10 homeless veteran families per month. These families generally do not stay in shelters, and instead maximize their time doubling up with others, living in their cars, or, in some cases, staying in trailers on the lots of the American Legion. This could explain the low numbers of veteran families at shelters and transitional housing.

#### E. Race and Ethnicity among Homeless Veterans

Persons of color are disproportionally represented among homeless veterans in King County, making up nearly 50 percent of all homeless veterans, according to 2009 Safe Harbors data. Among the homeless population in general, 64 percent of people who are homeless are people of color.

At a national level, HUD and VA also examined the likelihood of becoming homeless among American veterans with particular demographic characteristics. In 2009, twice as many poor Hispanic veterans used a shelter at some point during the year compared with poor non-Hispanic veterans. African-American veterans in poverty had similar rates of homelessness.<sup>46</sup>



#### F. Chronically Homeless Veterans

The U.S. Department of Housing and Urban Development (HUD) defines a chronically homeless person as “an unaccompanied individual with a disabling condition who has been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years.”<sup>47</sup> According to 2009 Safe Harbors data, 27 percent of the homeless veteran population in King County is chronically homeless.<sup>48</sup> This number is slightly higher than national averages of 22 to 23 percent of the overall homeless population.

On April 13, 2009, volunteers in Seattle surveyed nearly 300 homeless persons living on the streets of Seattle. Many of these individuals reporting living unsheltered in Seattle for years, and among them, veterans made up nearly one-fourth of the surveyed population (22 percent).<sup>49</sup> Interesting trends emerged among those surveyed, particularly as it relates to the homeless veteran population:

- Males make up the vast majority, accounting for 97 percent of homeless veterans surveyed
- More than half the homeless veterans surveyed were over 50 years of age
- Homeless veterans were more likely to be Caucasian than the homeless street population surveyed (47 percent vs. 41 percent of the non-veteran individuals surveyed)

<sup>46</sup> Veteran Homelessness: A Supplemental Report to the 2009 Annual Homeless Assessment Report to Congress, February, 2011.

<sup>47</sup> HUD definition of chronic homelessness

<sup>48</sup> Safe Harbors, HMIS 2009 data

<sup>49</sup> Seattle Homeless 2009 Needs Assessment, April 2009

[http://www.seattle.gov/homelessneeds/docs/Homeless\\_Needs\\_Assessment\\_Findings\\_November\\_2009.pdf](http://www.seattle.gov/homelessneeds/docs/Homeless_Needs_Assessment_Findings_November_2009.pdf)



- Homeless veterans were more likely to have been homeless for longer than one year (75 percent vs. 69 percent for non-veteran individuals surveyed).

Overall, these results match demographic profiles of homeless male veterans both nationally and within King County. This should not be surprising considering that nationally, veterans make up nearly one-fourth of the chronically homeless population (22 - 23 percent).

This study reveals other interesting results regarding homeless veterans in Seattle. Despite living on the streets, veterans were better connected to public services and resources than the overall homeless population surveyed. Veterans reported learning of services available to them based on participating in a program at nearly twice the rate of non-veterans (19 percent vs. 10 percent.) Similarly, they reported accessing these programs at nearly twice the rate of non-veterans (22 percent veteran homeless vs. 12 percent non-veteran homeless.)<sup>50</sup> Some veterans surveyed receive veteran's pension or disability funds. Both veterans and non-veterans appeared to have equal access to public financial resources such as supplemental social security income (SSI) and social security disability (SSD) payments.

Finally, 42 percent of the homeless people surveyed by the City of Seattle had spent time in prison or jail during the previous year. This group did not diverge significantly from those who had not been incarcerated, and only a slightly higher percentage of them (24 percent) were veterans. However, of those veterans who are incarcerated, many are homeless. The WDVA's Veterans Incarcerated Program (VIP) reports that 90 percent of individuals served by the VIP in King County were also homeless.<sup>51</sup>

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<sup>50</sup> Except food banks but including employment services

<sup>51</sup> 2008 tracking report showed of 587 incarcerated veterans served by program, 506 were homeless.

#### IV. **Understanding Veterans Services: Agencies, Programs, and Services Supporting Veterans in King County**

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##### **Public Agencies Specializing in Veterans Services**

This section explores general services provided exclusively to veterans, based on their veteran status. Homeless housing and supportive services will be explored in the next section, *Housing Options for Homeless Veterans in King County*.

There are three main public entities that exclusively serve veterans in King County. They are: 1) The VA; 2) the WDVA; and 3) the KCVP in the DCHS, Community Services Division. Additionally, there are supplemental efforts, including community-based Veterans Service Officers (VSOs) who are VA-certified specialists working with local non-profit and community groups, who assist veterans in their application for veteran benefits.

##### A. The Veterans Administration

The federal VA has a large presence in the Puget Sound region. The VA runs two medical facilities, one in Seattle and one in Tacoma, together called the VA-Puget Sound. As the largest veteran medical facility in the Northwest, the VA-Puget Sound serves veterans from Alaska, Idaho, Oregon, as well as from Bellingham to Olympia in Washington State. In 2009, the medical center provided medical care and mental health treatment to over 71,000 veterans, including 6,100 veterans who served in conflicts in either Iraq or Afghanistan. According to the 2009 VA CHALENG survey, 730 homeless veterans visited the medical facilities.

The VA's Seattle facility is located in Seattle's Beacon Hill neighborhood, and is a large complex of buildings where veterans can access primary care, 24-hour emergency and urgent care, mental health counseling, rehabilitation services, social work support, pharmacy services and women's health services. VA-Puget Sound also operates three outpatient clinics in Bellevue, Federal Way, and North Seattle.

VA-Puget Sound operates community based veterans centers (Vet Centers). The Seattle Vet Center is the only center for King County, and is located in Seattle's Belltown neighborhood. These Vet Centers are intended to be accessible store front offices with a more casual feel where veterans who might avoid the larger VA would feel more comfortable accessing readjustment, counseling and outreach services. Vet Centers target veterans and their families who have experienced combat, with an emphasis on reaching OIF/OEF veterans.

The VSOs are VA-certified individuals who advise and assist veterans or their beneficiaries to present claims for benefits under federal, state, or local laws and work in cooperation with the VA, WDVA, and other governmental agencies. There are two types of VSOs: the local post or chapter VSOs who are part-time volunteers, and the full-time professional VSOs. Locally, VSOs are Veterans of Foreign Wars (VFW), American Legion, Vietnam Veterans of America, Military Order of Purple Heart, AmVets, African American PTSD Association (AAPTSD) and National Association for Black Veterans (NABVETS).

VA-Puget Sound and local VA offices are funded through the federal appropriations process.

## B. Washington State Department of Veterans Affairs

The WDVA provides leadership, policy development and supportive services to honorably discharged homeless veterans throughout the state. The WDVA directly operates three rehabilitative homes for veterans and their spouses located in Orting, Retsil, and Spokane, and a veterans' cemetery near Medical Lake in Spokane.

Locally, King County provides funding through the Veterans Relief Fund and Veterans and Human Services Levy to support a multitude of other programs offered by the WDVA in King County. The WDVA collaborates with VA-Puget Sound and local providers throughout the state (including KCVP) to link clients with needed medical care or treatment and supportive services. These services help eligible veterans get VA benefits and other emergency services such as food and clothing vouchers, employment support, and financial assistance programs available in their region. Specific programs operated by the WDVA include the Homeless Veterans Reintegration Project (HVRP), the Employment Linked to Housing and Support Services (ELHSS) program, Homeless Veterans Program (HVP), the VIP and the PTSD program.

Finally, the WDVA strives to increase the capacity of community based organizations providing services to veterans. One example of the WDVA's training is on military culture. The training, provided by funding from King County, is designed to inform professionals who work with veterans but may not be familiar with or may not have experienced the bonding and culture that is common among persons serving in the military. For those who are less familiar with the communication style, behavior, and common experiences of men and women who have served in the military, this training is useful in bridging the gap in knowledge, which enables them to better serve veterans.

The WDVA funds their programs through resources allocated by the Washington State Legislature, fees and reimbursements generated by the rehabilitative homes and cemetery, and contracts through local sources including King County's Veterans Relief Fund and the Veterans and Human Services Levy.

## C. King County Veterans Program

King County has provided funding for indigent, disabled, and homeless veterans since the 1950s using a dedicated property tax millage authorized under the Revised Code of Washington (RCW) 73.08010, called the Veterans Relief Fund. This tax produces about \$2.5 million per year for veterans' services. Funds are administered by the KCVP, a program of King County DCHS, Community Services Division.

In November 2005, King County voters passed a Veterans and Human Services Levy (VHS Levy) to generate additional funding for a variety of housing, employment and other supportive services programs throughout King County. This dedicated levy is assessed at \$0.05 per one thousand dollars of property valuation, and generates between \$13 and \$14 million per year. The levy expires at the end of 2011 unless renewed by the voters of King County. One half of the VHS Levy revenue has been dedicated for housing and services for veterans, military personnel, and their families, and the remaining half is allocated to other King County residents in need.

Historically, the KCVP has focused on meeting the basic emergency needs (food, personal supplies, gas cards, utility bills, and rent or mortgage assistance) of eligible veterans, supported by the Veteran's Relief Fund. As a result of the additional funding provided through the VHS Levy, KCVP has greatly expanded its programs and doubled its social work staff, allowing it to significantly enhance case management services to help veterans obtain housing and employment, access treatment, and increase their self sufficiency. The program has office space in downtown Seattle and at King

County's Renton WorkSource, along with eight satellite locations throughout King County, ensuring coverage of North, South and East King County. This expansion of services outside the City of Seattle allows increased access to services for veterans and families in all regions of the County.

The KCVP is funded through two dedicated funding sources within King County, the Veterans Relief Fund and the VHS Levy.

### **Programs and Services Expressly for Veterans in King County**

The following discussion provides a brief overview of services and supports available exclusively to veterans in recognition of their veteran status, and provided through, or funded by, any or all three of the public agencies above. It is important to note, however, that some veterans cannot or will not access veteran services to which they are entitled. Some who served in the military are proud of their service and their status as veterans. Yet for others, their service was a hardship and they reject their military past and refuse help from veterans' groups or organizations.

#### **A. Veterans Outreach and Eligibility Determination**

There are a variety of programs providing outreach to veterans to connect them to services or housing.

For homeless veterans, the ability to navigate the eligibility process for federal veterans benefits as well as benefits that may be available at the state and local level is particularly challenging. Programs that provide outreach and assistance to vulnerable homeless veterans include the Homeless Care Line at the VA, which has two outreach workers who can be found at a number of organizations throughout the week working to connect veterans to benefits and services at the VA. In King County, these organizations include the DESC, Compass Center, Millionaires Club, William Booth, and the Lazarus Center.

The KCVP, through its main offices as well as satellite offices throughout the County, can connect veterans to VA services. The KCVP also partners with community providers such as Community Psychiatric Clinic, which reaches out to the chronically homeless veterans through Project Treatment, Housing, Resources and Interventions for Veterans Empowerment (THRIVE), a dual-diagnosis program for veterans with mental illness and co-occurring substance use disorders and is located in Seattle's Lake City neighborhood.

The VSOs serve a range of veterans whether homeless or not. The VSOs have a complete working knowledge of the requirements for processing of all types of veterans' benefits including compensation, pensions, special service-connected benefits, medical, education, life insurance, death benefits, GI loans, and records procurement. KCVP has a "direct referral" relationship with most of the VSOs in our region and, in addition hosts a full-time VSO funded by the WDVA at the Renton KCVP office. The WDVA contracts with the VSO organizations and ensures the quality of the claims submitted to the Seattle VA Regional Office. Each King County VSO has an office in the Jackson Federal Building located in downtown Seattle and many have individual service officers available throughout King County.

King County recently contracted with the WDVA to launch the King County Veterans Information and Referral Call Center, an information hotline for veterans in King County which will provide veteran callers with information and referrals to veteran organizations and resources in addition to regional housing, health and human services. King County has also begun contracting with community-based organizations to do outreach to specific veteran populations, such as women veterans and veterans of color. Through this outreach veterans who might otherwise not access services are identified and assisted in accessing VA benefits, services and other appropriate services.

## B. Primary and Mental Health Services / Dental Care / Rehabilitation / Convalescent and Respite Care

VA-Puget Sound is the primary health care, mental health and substance abuse provider for veterans. As noted above, the VA Hospital on Beacon Hill provides care to thousands of individuals. VA-Puget Sound also operates three outpatient clinics in King County where veterans can access primary care, mental health services, lab services and prescription assistance. These clinics are located in Bellevue's Crossroads neighborhood, a second in Seattle's Lake City neighborhood and a third near Federal Way's Mirror Lake neighborhood.

The VA-Puget Sound has access to some specialized treatment programs. Domiciliary Residential Rehabilitation and Treatment program, for example, is located at the American Lake facility near Tacoma, and is accessible to veterans who use the VA-Puget Sound for treatment. The program is bed-based, with 60 beds, and addresses the medical and psychosocial needs of residents, with average stays between 90 to 180 days. The VA-Puget Sound also maintains a number of contracts with community agencies for bed space for respite care for homeless veterans recently discharged from the hospital. This service is further discussed in the housing and homeless section of this report.

Dental care is reported as a high need among homeless veterans. In some instances, VA-Puget Sound is authorized to provide extensive dental care, while in other cases treatment may be limited. The eligibility for outpatient dental care is not the same as for most other VA medical benefits and eligibility criteria depends on multiple factors. Eligibility criteria includes such thing as: having been a prisoner of war; diagnosis of a 100% service-connected disability; application for dental care within 180 days of discharge or release (under conditions other than dishonorable) from active duty; actively engaged in a VA-sponsored vocational rehabilitation program; or enrolled in select VA-sponsored homeless housing program.

The Homeless Care Line at the VA-Puget Sound helps connect homeless veterans to mental health and clinical case management services.

The WDVA operates three state homes for veterans and/or their spouses who require rehabilitative care, located in Orting, Retsil and Spokane. The home in Retsil, near Port Orchard, is the most accessible facility to King County residents. Although these homes are mainly for short-term care, some residents retire at the homes. The WDVA also provides PTSD counseling to eligible veterans and their families.

## C. Employment Supports

The WDVA operates the Employment Linked to Housing and Support Services (ELHSS) program on a contract basis, through funding from King County. This program helps homeless veterans with training, placement, and work supplies (e.g., tools, clothing, and equipment) as well as assistance with licensing fees and union dues. A related program, the Veterans Conservation Corps, is targeted to veterans with PTSD and is also supported in part by King County.

The KCVP has an office at Renton WorkSource to better link veterans to employment services. In addition, the Washington State Employment Security Department has placed veterans' employment specialists at many of the WorkSource centers in King County. These "Veterans Reps" will help veterans search the WorkSource job banks to help find jobs that match veterans' skills and connect them with additional veteran's resources to help with other needs as necessary. Veterans Reps are available at the Rainier, Auburn, Renton, North Seattle and Redmond WorkSource Centers.

## D. Legal / Criminal Justice

The Veterans Incarcerated Program (VIP) assists veterans in prison and jails and those with a history of incarceration. The program works with the courts to provide an alternative to jail and reduce recidivism by linking veteran inmates and ex-offenders with mental health and chemical dependency treatment, informed by an understanding of military trauma and criminal behavior. The WDVA manages the program with funding support from King County, and partners with King County's Criminal Justice Initiatives Project (CJIP), which targets inmates with mental health issues, to ensure that case managers, parole officers, or others who screen or work with inmates in jails or prisons can properly identify those who have served in the military and facilitate a referral to staff at the VIP.

King County has recently contracted with the Northwest Justice Project with VHS Levy funding to provide civil legal services to assist at-risk and homeless veterans remove barriers to housing, employment, and self-sufficiency. Legal assistance will include assistance with rental housing application denials and evictions, VA and public benefits applications and denials, child support modifications, professional and drivers' license suspensions and revocations, sealing and vacating criminal convictions, and providing advice and assistance with veterans' other civil legal problems that are a barrier to housing, employment and self-sufficiency.

#### E. Emergency Services

KCVP provides the majority of funds and assistance for emergency services for veterans and their families. This area of service has typically focused on meeting the emergency needs of eligible veterans through vouchers for food, personal supplies, gas cards, utility bills, and short-term rent or mortgage assistance. As a result of the additional funding provided through the VHS Levy, KCVP has expanded its programs beyond short-term emergency assistance to a focus on improving self-sufficiency over time.

#### F. Housing and Homeless Supports

Due to the breadth and complexity of homelessness among veterans, housing and homelessness supports for veterans is discussed in depth in the next section *Understanding Veteran Housing: Housing Options for Homeless and At-Risk Veterans in King County*. Briefly, however, programs operated by veteran-focused agencies and focused on homelessness include:

- VA-Puget Sound
  - *Homeless Care Line* to conduct outreach and connect veterans to homeless housing
  - *VASH* which provides housing vouchers and case management services to homeless adults
  - *Housing Access and Services Program (HASP)* service partner.

- Washington State Department of Veterans Affairs
  - *HVRP* and *HVP* to provide referrals to emergency shelter, transitional housing and permanent housing
  - *HASP* referral partner.
- King County Veterans Program
  - *HASP* service partner
  - Funding for and referrals to emergency shelter, transitional housing, and permanent housing programs
- Community based organizations and public housing authorities: a range of housing and supportive service programs.

## V. Understanding Veteran Housing: Housing Options for Homeless and At-Risk Veterans in King County

### Homeless Housing Units and Beds Set Aside for Veterans in King County

King County and other funders, such as the City of Seattle and the United Way of King County, have contracted with local housing providers to fund set aside units and/or beds with supportive services for homeless veterans. An inventory of these beds is available as a “living document” to track new units and/or beds as they are added to the veteran’s housing inventory in King County. (See housing inventory in Appendix A.)

It should be noted that this inventory includes only those beds that have been specifically funded and set-aside for veterans. There are hundreds of other shelter, transitional housing and permanent supportive beds in the community that veterans may also occupy, not necessarily because of their status as a veteran, but because they meet other eligibility criteria for those units.

Table 5: Number of units/beds set aside for Veterans*				
Location	Permanent Supportive Housing	Service Enriched Housing	Transitional Housing	Emergency Shelter
Seattle	118	-	52	55
South King County	37	39	50	-
North King County	-	-	25	-
East King County	-	20	-	-
Scattered Site King County	17	-	-	-
<b>Totals</b>	<b>172</b>	<b>59</b>	<b>127</b>	<b>55</b>
* (does not include HASP/VASH Vouchers)				

Table 4 shows the total number of homeless units and beds set aside for veterans in King County as of May 2010. The table is divided between permanent supportive housing, permanent service enriched housing, transitional housing, and emergency shelter.

#### A. Permanent Supportive Housing

Permanent supportive housing is defined as “rental housing for homeless persons or those at risk of homelessness, who have a condition or disability, such as mental illness, substance abuse, chronic health issues, or other conditions that create multiple and serious ongoing barriers to housing stability.” For these households, there is a need for long-term housing case management accompanied by an array of intensive and comprehensive services (typically on-site) in order for tenants to maintain their residency.<sup>52</sup>

Under King County’s Ten-Year Plan, new funding has gone towards permanent supportive housing models that use a “Housing First”<sup>53</sup> model. Housing First projects



Widemann Place, Lake City, Seattle. 75 units of permanent supportive housing; 38 of these units are set aside for veterans.

<sup>52</sup> Taken from the Homeless Housing Definitions of the King County Committee to End Homelessness, published in the annual King County Combined Funder’s Notice of Funding Availability for Homeless Housing with Supportive Services.

<sup>53</sup> Housing First is a philosophical approach to permanent supportive housing that removes traditional barriers for housing, such that households do not first need to be in shelter or transitional housing to be “ready” to move to permanent housing.



emphasize the philosophy of placing people into housing with comprehensive support services directly from the street regardless of any barriers they may have. Once stabilized in permanent housing and removed from the vulnerability of the streets, tenants are often able to start the recovery process in a very holistic manner. It is important to note, however, that recovery is voluntary and not a condition for entrance into housing.

#### ***Client Care Coordination***

Placement in new Permanent Supportive Housing units is done through Client Care Coordination (CCC), a coordinated entry process to facilitate referrals to all high-need/high-service permanent supportive housing capital units created under the Ten-Year Plan. It is intended to streamline the process by which highly vulnerable homeless persons, including veterans, are connected to permanent housing and supportive services and assure that housing resources are delivered to those most in need. The CCC team identifies chronically homeless individuals who are high utilizers of the sobering center, jails, psychiatric centers, shelters and/or hospital and other highly vulnerable single adults and matches them with the most appropriate housing unit/s available. All new housing projects receiving capital funds for high-needs/high-service homeless housing are required to participate in the CCC system for at least a portion of their units.

The project coordinator of the CCC system has met, and continues to meet, with individuals from the VA-Puget Sound, WDVA, and KCVP to assist them in their efforts to link with these new housing units where appropriate. Not all housing units targeted to homeless veterans are defined as high-need/high-service units, however, and so not all veteran's housing projects or units will participate in CCC. In these cases, programs may work directly with WDVA, KCVP and VA-Puget Sound to facilitate referrals to available units.

The production of permanent supportive housing units set aside for veterans has increased dramatically in recent years due to dedicated funding from the VHS Levy. King County administers the levy funds for permanent supportive housing capital as well as services, operating and rental assistance funds. As Table 5 indicates, the majority of the permanent housing units set aside for veterans are located in Seattle and South King County. Of the current total, 51 percent are in Seattle, 32 percent in South King County, 8 percent in North/East King County, and 7 percent throughout King County in scattered sites.

Additional projects are in the production pipeline, so the total number of units will be increasing. New capital projects funded by the VHS Levy work closely with the primary agencies serving veterans, such as KCVP, WDVA and VA-Puget Sound to facilitate referrals into new permanent supportive units dedicated to veterans. Our region has begun a Client Care Coordination (CCC)

Project to help link the most vulnerable persons to the supportive housing units (see box). Besides the levy fund, other fund sources important for developing housing units include the State Housing Trust Fund, housing tax credits, Federal HOME funds, Housing Opportunity Funds (HOF), and Regional Affordable Housing Program (RAHP) funds.

#### **B. Service Enriched Housing**

Service enriched housing is permanent rental housing for homeless households that need a moderate to low level of supportive services. Services are not required as a condition of tenancy, and are often provided off site and through referral. Of the service enriched housing units listed in Table 4 on page 30, twenty units located on the eastside are currently under construction and will be available in 2011. The other three are scattered site units in South King County.

Funding for service enriched housing comes largely through the King County Combined Funders Notice of Funding Availability (NOFA). The most recent Fall 2010 Combined NOFA allocated just over \$17.5 million in funding for operating support, rental assistance and supportive services for new and existing homeless housing. Participating funders include King County, the City of Seattle, A Regional Coalition for Housing (ARCH), United Way of King County, and the Seattle Housing Authority and King County Housing Authority.

### C. Other Permanent Housing Options – Voucher Programs

The VASH is a permanent supportive housing option that combines housing vouchers with clinical-level supportive services to help veteran households obtain and maintain private market housing. The VASH voucher program is a federal partnership between HUD and the VA, and combines Section 8 housing subsidy<sup>54</sup> funding from HUD with clinical-level supportive services funding from the VA. At the local level, the housing subsidy portion of the vouchers is managed by local housing authorities (Seattle and King County), while social workers provide general case management supports and VA-Puget Sound provides mental health treatment.

The vast majority of the VASH voucher subsidies are tenant-based in scattered site private housing located throughout King County, and only 32 of the total amount issued to date in King County have been able to be used as “project-based” vouchers. Tenant-based VASH vouchers are issued to an individual, and it is that individual’s responsibility to find a private landlord who will agree to accept a portion of the rent directly by the housing authority along with payment from the tenant for the difference between the actual rent and the amount subsidized by the VASH voucher. Project-based VASH vouchers are issued to non-profit housing providers who then seek an appropriate / eligible client for the unit subsidized by the VASH Voucher. If that tenant exits the program, a new eligible household is enrolled who will benefit from the subsidized rent and services for the duration of their tenancy in that particular project.

Two projects have successfully utilized project-based VASH vouchers in their program. McDermott place, a 75 unit permanent supportive housing program in north Seattle for chronically homeless individuals has 10 project-based vouchers (38 units of the 75 units are specifically set aside for veterans.) These individuals have a high need for intensive services and 24-hour staffing offered at McDermott Place. Tenants enrolled in the program are unlikely to exit the program in the near future, though should they seek to do so, they will be linked to the pool of VASH tenant-based vouchers as eligible.

In late 2010 the Compass Veterans Center was approved to receive project-based VASH vouchers. The project is located in Renton, and is owned and operated by the Compass Housing Alliance. This project has 58 units of housing for high needs veterans and their families; 36 units receive operating support from grant per diem and 22 are supported with VASH vouchers. (The Transitional Housing section below provides further information on the grant per diem funding and its use in housing projects.) Of the 22 units supported by VASH, 15 units are for individuals and seven are for families.



Compass Housing Alliance Veterans Center, Renton  
58 units set aside for Veterans and their families.

While this project is an excellent example of hard work by Compass and the local funders to bring all veterans funding sources together and make the project work, there are a number of ways that the VA resources could be more accommodating of permanent housing solutions, and this issue will be discussed in more detail in the section *Challenges Accessing Existing Housing and Services among Veterans in King County*.

The HASP provides service enriched housing in partnership with the King County Housing Authority (KCHA) and a number of other agencies that serve special needs populations. The HASP provides

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<sup>54</sup> Section 8 housing vouchers allows very low-income individuals to live in privately owned rental housing and pay no more than 30% of their income towards rent. Local public housing authorities pay to landlords the difference between 30% of the household income and the established fair-market value of the rent.

Section 8 housing vouchers and supportive housing services to permanently disabled individuals, including veterans. The participating agencies in HASP all contract to pay for program support and case management services, provided by the YWCA (though the referring partner may also provide some level of support services as well.) KCVP is one of several programs that have access to a limited number of voucher subsidies each year and provides some level of support services. KCVP has an allotment of 41 vouchers available to veteran households in 2009. The VA-Puget Sound also participates in HASP and has an allocation of 36 HASP vouchers for their veteran clients who qualify. The WDVA is not a consortium member but through collaboration with the VA and KCVP, they have begun to refer their clients into the pool of available HASP vouchers.

Veterans who receive HASP vouchers have historically been higher functioning and able to live independently, as case management services are set at a fairly low level for participants of KCVP or the Homeless Care Line at VA-Puget Sound. Recipients of HASP vouchers live in private homes or apartments in scattered site locations throughout King County, in areas where rents are affordable and landlords accept Section 8 vouchers.

One challenge of the HASP program is that there have been no new vouchers released under the program at the federal level, and there is little turnover among residents. The availability of new vouchers is critical to the program's success and ability to reach veterans and their families. In 2010 KCVP was only able to enroll 26 new households, while VA-Puget Sound was able to enroll 18 new veteran households.

The total number of permanent supportive housing in Table 5 does not include the allotment of Section 8 voucher subsidies reserved for homeless and permanently disabled veterans under VASH and HASP programs.

#### D. Transitional Housing

Transitional housing units allow tenants to occupy a residence for a time-limited period, generally from three to 24 months. While in residence, individuals typically receive services such as case management, information and referral, life skills training, tenant education, as well as the purchase of home furnishings and supplies to help make the transition from homelessness and permanent housing. Services are most often mandatory in transitional housing.

Historically, the County and other funders have funded a number of time-limited transitional and emergency shelter beds, and this funding has remained fairly steady in the past decade. Very little new funding, however, has been allocated for new units of time-limited shelter or transitional housing in the past five years, mainly as a result of the policies and framework established by the Ten Year Plan to End Homelessness in King County, which prioritizes the development of permanent housing over short-term housing such as emergency shelter.



Compass Housing Alliance: Shoreline Veterans Program  
25 Units of Transitional Housing

The VA's Grant and Per Diem Program (GPD) is a resource available to community based organizations to provide transitional housing for homeless veterans. The grant portion is for capital costs, including new construction, acquisition of property, and/or rehabilitation of buildings acquired. The grant can provide up to 65 percent of the capital costs, and the remainder must be funded through other non-federal funding sources. The per diem portion is for operational costs and services, including salaries. The goal of the program is to provide homeless veterans with time-limited housing,

capped at 24 months, in order to achieve residential stability, increase skill levels and income, and obtain greater self-determination. The GPD program will not fund projects that do not take a strict recovery approach to chemical dependency or substance abuse among its residents.

Given these limitations, there are only a small number of projects that have received GPD funding in King County. One recently developed project, the Compass Housing Alliance Veterans Center, a new rental housing project for veterans and their families in Renton, incorporated both permanent housing along with transitional housing in their mix of units in an effort to secure GPD funds. Individuals housed in these GPD units will be selected based on the likelihood that they will be able to afford market rate rents within two years or will otherwise transition to alternative permanent housing, including permanent units with VASH vouchers within the project. In a very limited number of cases, the VA can give permission for an individual person to stay and receive GPD support beyond the two year period if there is a clinical reason why such an extension is needed.

There are additional transitional housing options not funded through GPD. For example, there are beds at Community Psychiatric Clinic's Cascade Hall for chronically mentally ill veterans (with stays between six and 12 months); and units at Solid Ground's 42 unit transitional housing facility, Santos Place. While Santos Place does not have a specific number of units set aside for veterans, they have a long-standing relationship with the VA, and allow the VA to refer appropriate veteran households to Santos Place. By September 2009, there were 15 resident veterans at Santos Place, of which six were women. For a complete list of all current transitional housing units for veterans, please refer to Appendix A.

#### E. Emergency Shelter

Emergency shelter is defined as "temporary shelter from the elements and unsafe streets for homeless individuals and families."<sup>55</sup> Emergency shelter does not typically include case management, but may include referrals to supportive services and housing. The 55 emergency shelter beds noted in Table 5 account for all shelter beds set aside for veterans in King County. These 55 units are located at the Salvation Army's William Booth Center, located in downtown Seattle. Although veterans may occupy shelter beds at other facilities, this occupancy is not based on their veteran status but on other eligibility criteria which they happen to meet. Only William Booth has shelter beds set aside specifically for veterans.

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<sup>55</sup> Taken from the Homeless Housing Definitions of the King County Committee to End Homelessness, published in the annual King County Combined Funder's Notice of Funding Availability for Homeless Housing with Supportive Services.

F. Homelessness Prevention

In King County, the Housing Stability Project (HSP) helps individuals and families who are at risk of becoming homeless with financial assistance such as time-limited rental and mortgage assistance. The project has a contract obligation to serve a minimum of 230 veteran households among its annual household goal of 620. In 2009, HSP served 252 veteran households, or 611 individuals, with eviction prevention or move-in assistance. The main factors reported for needing assistance included the following: job loss, illness, and/or inadequate savings to pay for move-in costs for housing, such as deposits or rent.

Additionally, rent and mortgage assistance are eligible areas of emergency assistance within the KCVP.

G. Outreach to Homeless Veterans

There are several programs whose focus it is to identify and reach out to homeless veterans on the streets. One such partnership is with the Community Psychiatric Center's Project THRIVE, a dual-diagnoses program targeted for veterans, and located in the Lake City neighborhood of Seattle. Project REACH and the South King County Pilot Project also target their outreach to veterans.

## **VI. Challenges to Providing Housing and Supportive Services to Veterans in Need**

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With nearly one-fourth of the veteran homeless population considered chronically homeless, many veterans appear to be slipping through the cracks and lost to the streets. A great amount of work has been done by local veterans agencies, the local staff of the VA-Puget Sound, local service providers and local government agencies to integrate housing and services towards a more comprehensive and coordinated delivery system for homeless veterans, with initial emphasis on the most needy homeless persons. Despite these efforts, a number of institutional barriers exist that have made it difficult to realize the most efficient and effective use of resources in support of homeless veterans.

This section discusses some of the barriers and challenges King County veterans face in accessing housing and services, and that agencies face in providing the housing and services. These challenges were identified through numerous interviews with housing and service providers who work with veterans and firsthand accounts from homeless and formerly homeless veterans. Many of the concerns expressed were for areas where local partners could seek to improve the system, while recognizing the tremendous work that has been done thus far to create stronger collaborations. The goal of this section is to highlight policy and program issues for decision makers at the local, state and federal levels, particularly as it relates to the development of the Five-Year Plans to End Veteran Homelessness. This report will be forwarded to the staff and advisory workgroup working on that plan in the hopes that the information contained herein may inform their discussions and recommendations.

### **Housing Gap for Homeless Veterans**

Based on the 2010 landscape of permanent housing units set aside for veterans, coupled with the voucher programs available, the gap in permanent housing for currently homeless veterans in King County is estimated to be in the range of 610 to 770 units<sup>56</sup>, of which 270 to 310 units is the estimated gap for chronically homeless veterans. This gap is calculated based on the number of existing homeless veterans in King County, and does not account for new veterans who may become homeless in the coming years as veterans return from Iraq or Afghanistan. Planners are currently researching trends in rates of homelessness among newly returning veterans and will forward this information to the advisory workgroup working on the Five Year Plan to End Homelessness among Veterans in King County. It will also be important to recognize the needs of different populations of veterans, such as aging veterans, women veterans, and veterans with families.

This estimated housing gap is not meant to imply that the entire gap needs to be developed as set-aside units for veterans, as homeless veterans and their families are eligible for a number of different programs and housing opportunities. However, the estimated gap does show that there continues to be a need for a range of new homeless housing options for veterans – both men and women, and both single individuals and families - with a continuum of services available to help veterans stabilize in housing. Appendix D is a compendium of several innovative housing models in place in other areas of the nation that may provide ideas and best practice models to replicate locally.

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<sup>56</sup> This number is derived from adding the annual allocation of HUD-VASH vouchers (approximately 105), the annual allocation of HASP vouchers (approximately 44), and the current number of set aside units for homeless veterans (231 units); and subtracting that number from the current estimated number of homeless veterans from 1,000 to 1,150.

## **Access to Appropriate Housing and Services is Challenging**

The system of housing and supportive services available to veterans is complex. Many veterans noted that not only are there not enough services and housing, it is difficult to access those that do exist. Appendix D offers candid feedback from a veterans focus group on the need, and possible strategies, to provide services in a more holistic and accessible client-centered manner. In addition, veteran's agencies and housing providers report difficulties coordinating services and housing: veteran's agencies are not always well-informed of housing resources and housing providers are often unaware of veteran benefits and the eligibility criteria to receive those benefits. As a result, both partners may be hampered in their ability to enroll clients in services and housing across system boundaries.

Within the veteran's focus groups, one theme that consistently emerged was the difficulty of accessing services through the VA. The remote location of the VA-Puget Sound Medical Center and the size of the campus itself make it difficult for many homeless veterans to access benefits to which they are entitled. Many veterans do not even apply for benefits due to the complexities of the VA system and the difficulty in getting transportation to the VA-Puget Sound location. The VA-Puget Sound does have two outreach workers stationed at a number of housing providers' facilities throughout the week to try to connect homeless veterans with VA services. For chronically homeless and vulnerable homeless veterans who may struggle with mental health and chemical dependency issues, however, getting first to these outreach workers and next, to the VA-Puget Sound Medical Center for follow-up appointments can be difficult and there is no additional support provided by the VA to such veterans. Still other veterans are resistant to using VA services at all, even if they could access them.

Current practices of the KCVP can also be challenging, particularly to homeless veterans. Veterans seeking assistance through KCVP must start with an appointment at the Seattle office or satellite branches and show proof of discharge status (Form DD214)<sup>57</sup> to receive services. For certain services, they must also provide proof of unemployment status and a social security card. For homeless individuals, acquiring this information may be a challenge and many need advocates to help them pull together such information.

Most veteran agencies have an express policy that clients must be self-motivated and active participants in their client services plan if they hope to benefit from the resources provided to them. This means they must be able to pull together their own paperwork and follow through on agreed upon actions. While this policy serves many clients well, it is likely to exclude a number of more disabled and chronically homeless veterans from being able to access their services. Project REACH, one of the few programs in King County to conduct street-based outreach to the highest utilizers of public assistance and the chronically homeless, states that some of the people who need the most help are not able to access services at the VA-Puget Sound or through the KCVP due to strict requirements such as clean and sober policies, requirements of proof of discharge status, and ability to follow through on action plans.

As noted previously, veteran's organizations and housing and service providers also report difficulties navigating system boundaries. There are a number of community based organizations with excellent reputations and capacity for providing housing and services, but who are not fully versed in the specific needs of veterans. Community based case managers need a basic understanding of common behavioral effects of PTSD, TBI, and MST. Case managers should also possess basic knowledge of benefits available to veterans and contact information at the local VA and WDVA who can assist their clients to receive full benefits. The WDVA training on military culture is a valuable resource.

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<sup>57</sup> At KCVP, discharge status must be either general, honorable, under honorable or medical discharge to receive services.



Similarly, many veteran-specific agencies (and their case managers) may be hindered in their ability to help their clients access housing and housing-related services given limited networks outside of veterans' services. Reciprocal training to veteran case managers on issues of homelessness has been developed and is providing valuable networking opportunities with housing and service providers to improve veteran case managers' understanding of how to help homeless veterans obtain and maintain housing.

### **Housing-Related Supportive Service Levels Are Not Clearly Connected to Level of Need**

In an era of scarce resources, it is important to assure that staff and funding are prioritized towards the most vulnerable and those strategies that achieve the best results. Among agencies providing housing-related supportive services for homeless veterans, service levels vary widely, and it is not clear that the most intensive level of services are consistently directed towards those with the highest level of need.

For example, interviews with a number of providers of permanent supportive housing for veterans showed the caseloads per caseworker as follows:

- Evergreen Treatment Services - Project REACH: ranges from 14:1 to 25:1
- Plymouth Housing Group (Simons House for senior veterans, which also partners with Evergreen for services): 24:1
- Community Psychiatric Clinic - Project Thrive: 15:1
- Low-Income Housing Institute - 15:1 to 19:1
- Sound Mental Health - 15:1 or larger ratio, depending on the program
- Catholic Community Service - 15:1 or larger ratio, depending on the program

Caseloads within the three veteran-specific agencies (KCVP, WDVA and VA-Puget Sound) can be as high as 35:1, or more than double, most caseloads listed above. To the extent that any of these three agencies may be expected to provide permanent supportive housing services for those with high needs, as the VA is expected to do with VASH vouchers, a high caseload can be problematic.

Under King County's Ten-Year Plan to End Homelessness, our community has increased its knowledge around case management services and appropriate caseloads that allow chronically homeless individuals to obtain and maintain permanent housing. Ensuring that those veterans with the highest needs are placed in housing with the highest level of services, and those with the lower needs are placed in other housing, is an important challenge and goal of the Client Care Coordination Project discussed on page 30. It should be noted, however, that while VA staff participate in client care coordination and agree with its goal, identifying the high utilizers of VA programs has been challenging for them.

### **Resources, Programs, and Funds Are Not Consistently Aligned**

King County is fortunate to have federal, state and local dedicated funding sources for veteran housing and services. While these entities have affirmed a commitment to ending homelessness among veterans, the historic fund restrictions, eligibility guidelines, and strategies for some of these sources continue to drive current programming and policies. These policies and restrictions are not always well aligned with emerging strategic plans and best practices, and it can be challenging to coordinate resources towards the common goal of ending veteran homelessness.

The availability of federal VASH vouchers presents a tremendous opportunity to reach out to veterans and help them obtain and maintain housing. Cities such as New York and Los Angeles, which have



targeted chronically homeless veterans for VASH vouchers, have seen a dramatic drop in the total number of homeless veterans overall. As noted by Nan Roman of NAEH, “Since VASH vouchers come with VA services attached to each voucher, our community has a unique opportunity to break the cycle of homelessness among high needs veterans.”<sup>58</sup> As noted in *Section VI: Challenges to Providing Housing and Supportive Services to Veterans in Need*, however, accessing VASH vouchers is quite complex, with two major challenges at play: 1) the number of VASH vouchers available is limited; and 2) the application process to HUD to receive VASH vouchers is complex, especially for project-based vouchers.

Through the King County and Seattle Housing Authorities and the VA-Puget Sound, there have been 210 VASH vouchers issued in the past two years for individual veterans. In 2010, an additional 105 VASH vouchers are being distributed to veterans. A U.S. Senate bill introduced into the U.S. Congress in August 2009 would increase to 30,000 the number of vouchers issued in fiscal year 2010, and authorize the phase-in of up to 60,000 vouchers by 2013.<sup>59</sup> Recently, the VA announced plans for 450 project-based vouchers to be issued in the next round of VASH vouchers nationally. King County Housing Authority and Seattle Housing Authority have pledged to submit applications from these allocations, but have been told informally that other regions of the nation are likely to be prioritized for receipt of these vouchers.

Project-based vouchers (as opposed to tenant-based vouchers) are preferred when developing capital projects. Project-based vouchers provide more stable funding and stay with the project when tenants move on, thereby allowing that specific project to ensure services and low rent for their tenants over the life of the project. The process to incorporate project-based VASH vouchers, however, is very cumbersome. First, local housing authorities, either King County Housing Authority or Seattle Housing Authority, must be consulted to determine if they are willing to partner with a particular housing project for the purpose of managing project based vouchers. The housing authority must then consult with the VA and get specific permission from the VA. The VA analyzes the project, location, population, services, etc., and must then provide a letter of support to the housing authority. The housing authority then submits an application for project-based vouchers to HUD, accompanied by this letter of support. The ongoing management of VASH vouchers introduces an additional challenge, as the project must address how persons housed in the project-based unit will be transitioned to one of the scarce tenant-based Section 8 vouchers if they should choose to move on.

The federal VA GPD program is also an important source of funding for developing new units of housing for homeless veterans. The GPD requires a 35 percent cash match, which must be provided by other non-federal housing capital and operating sources. Potential non-federal sources in King County include tax credits, Regional Affordable Housing Program (RAHP) and the Homeless Housing and Services Fund, but GPD requirements often conflict with other fund sources. For example, the VA’s policy to allocate GPD to time-limited, clean-and-sober housing only is in conflict with local as well as national strategic plans and investment priorities for these other funds, which call for moving vulnerable homeless persons into permanent supportive housing as rapidly as possible (“Housing First” model). Limitations on the types of projects that GPD will fund creates limits on which non-federal sources can be made available for cash match, resulting in fewer units of housing created for veterans than could have otherwise been developed. For those projects where GPD funding has been leveraged, the inclusion of GPD has slowed down the project considerably, due to the complexity of the program.

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<sup>58</sup> Childress, John. Can HUD-VASH help end veterans’ homelessness? What we have learned and recommendations for the future. National Alliance to End Homelessness policy report. July, 2009.

[http://www.endhomelessness.org/files/2452\\_file\\_HUD\\_VASH\\_Targetting\\_Version\\_FINAL.pdf](http://www.endhomelessness.org/files/2452_file_HUD_VASH_Targetting_Version_FINAL.pdf)

<sup>59</sup> Senate Bill S. 1547. Zero Tolerance for Veterans Homelessness Act of 2009.  
<http://www.govtrack.us/congress/bill.xpd?bill=s111-1547>

The tenant-based HASP program has challenges as well. There have been no new vouchers released under the program at the federal level, and there is little turnover among residents. The availability of new vouchers is critical to the program's success and ability to reach veterans and their families. In 2010 KCVP was only able to enroll 26 new households (out of a goal of 41 new households) while VA-Puget Sound was able to enroll 18 new veteran households (with a goal of 33 new households) given the limited numbers of vouchers available.

Clearly, it will be important to align those local and national strategic plans in play throughout the region which touch upon issues of housing, homelessness, and veterans in order to increase the likelihood that individual programs can work together, both to create the additional 610 – 770 units as well as to ensure that existing housing and services are effective. It will be important to ensure that strategies under the Five-Year Plan to End Veteran Homelessness in King County are aligned with local plans and initiatives such as:

- King County's Ten Year Plan to End Homelessness, particularly Client Care Coordination and the Families Strategic Plan
- United Way of King County's Campaign to End Chronic Homelessness
- Opening Doors: the Federal Strategic Plan to Prevent and End Homelessness
- Homeless Emergency and Rapid Transition to Housing Act, the 2010 reauthorization of the McKinney/Vento Act
- Healthcare reform.

Mainstream systems and providers with which the Five-Year Plan to End Veteran Homelessness in King County will need to coordinate include:

- Employment (WorkSource system, Employment and training, Workforce Investment Act)
- Mental Health and Substance Abuse (Local Regional Support Networks or RSN's)
- Physical Health (Public Health Clinics, Hospitals)
- Criminal Justice System (Jails, Courts, Specialty Courts)

### **Lack of Data on Homeless Veterans**

Finally, consistent data on homeless veterans is limited. In February, 2011 HUD and VA released a joint report on veteran homelessness. As this report has just recently been released, it warrants additional review. The report clearly demonstrates that veterans are overrepresented among homeless populations, and certain veteran populations face additional risks of becoming homeless. Differences in how regions collect and report data on homeless veterans indicate possible variations in analysis, however, and it will be important to understand local nuances within the nationally aggregated data.

Locally, while individual agencies serving veterans collect their own data, the Safe Harbors HMIS is the region's primary source of information on all homeless people served by providers in our region. Safe Harbors collects general information on whether or not a homeless person has served in the military, but specific details such as era of military service, whether one participated in a war zone, and whether one experienced hostile and/or friendly fire are not collected. Learning such information could be useful in understanding some of the trajectory points along a homeless veteran's journey to homelessness, and could help in developing homeless prevention strategies or determining the type of housing and supportive services that are needed. Knowing a person's discharge status may also

be important, especially in understanding the needs of those who are ineligible for mainstream VA services but who may yet require veteran-informed services to maintain stable housing.

It should be noted that housing and supportive service providers participating in Safe Harbors are not yet reporting large numbers of veterans returning from Iraq and Afghanistan. As noted in other areas of this report, increasing percentages of veterans from this war era are experiencing TBI, as well as PTSD and MST. As more troops who have experienced recent combat and/or trauma return, it will be useful to know if and when these veterans begin seeking services from the homeless housing and services system.

Given the limited information on homeless veterans, providers and planners must often rely on anecdotal information when developing housing and services to meet the needs of current veterans as well as the anticipated needs of soon-to-return veterans.

There are also barriers to cross-system information sharing which can make coordination of housing and services difficult. As mentioned earlier, the CCC project strives to identify those individuals with the highest needs and prioritize them for placement in supportive housing, and it would be useful to be able to more readily identify the high utilizers of VA services, since they may be among those who should be prioritized for housing. A long term goal of this region is to develop a health information sharing system among major health providers, including the VA. While not directly aimed at housing, such a system could help coordinate care, and could help prioritize clients for housing.

## **VII. Conclusion**

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The VA, under the new leadership of Eric Shinseki, has set an ambitious commitment to end homelessness among veterans in five years. As Shinseki expressed at the November 2009 Veterans Housing Summit, however, the VA is a slow moving ship. Some of the changes the VA is undertaking will speed up the time it takes to process benefits claims, change outdated policies for qualifications of benefits, and lead to the adoption of new initiatives, such as prevention to make sure veterans do not become homeless in the first place.

The VA's effort has been a crucial starting point. At the state and local level several movements are also taking place. The WDVA held its own Veterans Housing Summit on June 2, 2010 to gather together local veterans' organizations and housing providers throughout the state to leverage federal dollars for more units of housing for veterans. In King County, the WDVA and the Committee to End Homelessness are working together to assure that strategies under the Ten-Year Plan to End Homelessness and Five-Year Plan to End Veteran Homelessness are aligned to the greatest extent possible.

Our local resources and efforts have served as a piloting ground for fleshing out a number of issues that can be resolved through the collective efforts of federal, state, and local agencies. If resolved, these efforts can help provide a safety net worthy of the sacrifices made by our veterans. This report is intended to document the challenges in providing an adequate housing and supportive services system for homeless and at-risk veterans in our region, and to help inform our effort to develop strategies that will end veteran homelessness in five years.

## **VIII. Appendices**

Appendix A: King County Veterans Housing Set Aside Inventory List

Appendix B: Outline of the Federal Five-Year Plans to End Homelessness Among Veterans

Appendix C: Outline of the State Five-Year Plans to End Homelessness Among Veterans

Appendix D: Summary of Homeless Veterans Focus Groups

Appendix E: Models of Veterans Housing and Services in other Regions

**Appendix A: King County Veterans Housing Set Aside Inventory List**

<i>Sponsor Agency</i>	<i>Project Name</i>	<i>Type of Housing</i>	<i>Location</i>	<i># of Total Units/Beds per program &amp;/or building</i>	<i># of set asides for Veterans (as required by fund source)</i>	<i>Funding Source</i>	<i>Veterans Served</i>	<i>Contacts</i>	<i>Comments</i>
Catholic Community Services	Frederic Ozanam House	Permanent Supportive	Seattle	56 SRO units	10 units (informal)	VA	Men over 50 years of age	Shelley Dooley	Not set aside, but working through relationship with Megan Diehl at VA who provides on site case management (and housing first model)
Community Psychiatric Center	Project THRIVE	Permanent Supportive	Scattered Sites in King County	45 units	45 units	5 year funded through Substance Abuse and Mental Health Services Administration (for services) and various funding sources for bed nights.	Dual Diagnosed Veterans (men or women)	Mike Nielsen	Began on January 1, 2010.
Community Psychiatric Center	Cascade Hall	Permanent-Residential Treatment Center	Seattle	60 units	15 units	Various funding pots with some VA support	No time limit- clients (men or women, but mainly men) have severe mental health issues	Mike Nielsen	Contract with VA for set asides.
Downtown Emergency Service Center	Rainier House	Permanent Supportive	Seattle	50 units	8 units	VHS Levy and other fund sources	Individual Men & Women	Daniel Malone	VHS Levy funds case management services.
Downtown Emergency Service Center	Canaday House	Permanent Supportive	Seattle	83 studio apartment units	25 units	City of Seattle-; KC capital funds, possibly KC service \$.	Mentally Ill Chronically Homeless	Daniel Malone	Opened August 4, 2010
Evergreen Treatment Services	Project Reach	Permanent Supportive	Scattered Sites	37 units (housing)	2 slots	King County: 20 units from HHSF & VHS Levy; 17 housing vouchers- Shelter plus Care	Chronic Homeless	Chloe Gale	They must serve 7 Veterans (including housing and supportive services, but total for housing is 2 slots)
Low Income Housing Institute (LIHI)	McDermott Place	Permanent Supportive	Seattle	75 units	38 Units	State Housing Trust Fund, King County VHS Levy, MHCADSD, City of Seattle, Tax Credits, United Way, VA (services), VHS Levy, Seattle Housing Authority; HUD- VASH (10 units)	Homeless Disabled & Individuals	Tony Williams/Annmaria Downey (SMH)	Opened in December 2009.

King County Veterans Housing Set Aside Inventory List, Current as of December 31, 2010

<i>Sponsor Agency</i>	<i>Project Name</i>	<i>Type of Housing</i>	<i>Location</i>	<i># of Total Units/Beds per program &amp;/or building</i>	<i># of set asides for Veterans (as required by fund source)</i>	<i>Funding Source</i>	<i>Veterans Served</i>	<i>Contacts</i>	<i>Comments</i>
NAVOS (formerly Highline West Seattle Mental Health)	Burien Heights Residences	Permanent Supportive	Burien	22 Units	3 units	King County- Capital & services. Possible VA (if VASH)	Individuals with chronic mental illness, possibly PACT clients (from mental institutions with mental disabilities).	Paul Tegenfeldt	Opened in July 2009. Will be referred by KCVP and possibly VA if VASH voucher (but primarily KCVP). If KCVP refers, NAVOS will do the case management.
Plymouth Housing Group	Simons Senior Housing	Permanent Supportive	Seattle	92 Studio Apartments	20 Units	10 paid by VA, 10 paid by King County capital funds (Levy and KC Veterans Program funds)	Seniors, Individuals (men and women)	Bill Kaye	Harm Reduction Model. Currently there are 40 Veterans at Simons, some dishonorably discharged
Sound Mental Health	Kasota Apartments (majority of these clients housed here, but some may be housed elsewhere: Holly Creek de Moines, & Pacific Court.)	Permanent Supportive	Seattle	48 units	Serves a minimum of 12 Vets (15 max)	SMH funds through various contracts	FACT and FISH clients	Declan Wynne	Can serve up to 15 Veterans per case manager, but must have at least 12 Veterans.
Valley Cities Counseling & Consultation	Valley Cities Landing	Permanent	Auburn- South	24 units	12 units	MIDD, Jumpstart, KC HS/Vet Levy, Housing Trust and City of Auburn	12 Veterans (honorable discharge status, severe and persistent mental illness, meet Federal McKinney Homeless definition, and preference given to those with previous connection to South King County)	Dawn Cherne	Lease up completed for move in by August, 2010. Not accepting anyone with conviction histories of arson, sex offenses, or meth manufacturing.

King County Veterans Housing Set Aside Inventory List, Current as of December 31, 2010

<i>Sponsor Agency</i>	<i>Project Name</i>	<i>Type of Housing</i>	<i>Location</i>	<i># of Total Units/Beds per program &amp;/or building</i>	<i># of set asides for Veterans (as required by fund source)</i>	<i>Funding Source</i>	<i>Veterans Served</i>	<i>Contacts</i>	<i>Comments</i>
Seattle Housing Authority & King County Housing Authority & Veterans Administration	Veterans Supportive Housing (VASH)	Permanent	Scattered Sites- Seattle and King County	210 vouchers	105 vouchers/year	HUD through Seattle and King County Housing Authorities and VA for supportive services	Homeless Veterans eligible for services through the VA (honorably discharged)	Kathy Gerard	105 vouchers were split between SHA (53) and KCHA (52) each year since 2008. 2010 voucher allotment are still being distributed. VA case managers to client- ratio is 35-1. All have been in scattered sites, until McDermott Place (10 units set aside) and .
YWCA	Section 8 Housing- KCHA (HASP)	Permanent	Scattered Sites	200/year (over 10 years)	72/year	KCVP & VA provides case management, HUD issues vouchers	Disabled	Mona Tschurwald	HASP vouchers. VA receives 36 per year and KCVP receive 41 per year, with a number of these for homeless and disabled veterans. Currently, due to low turnover of vouchers, the program is not receiving any referrals until third quarter of 2011.
Compass Center	Compass Veterans Center	Permanent Supportive, Service Enriched & Transitional	Renton	58 units	58 units	36 VA Grant Per Diem (transitional), 22 McKinney Funded (permanent)	Families and Individuals	MJ Kiser	Permanent supportive and service-enriched housing (for families). 22 VASH project-based 15 studios and 7 for families, and 38 studio apartments & 20 multibedroom units for veterans and with families paid by GPD but considered service-enriched) Occupancy scheduled for 9/30/10
St. Andrews Housing Group	Andrew's Glen	Service-Enriched	Factoria/Bellevue	41 Units	20 units	WA State Housing Trust Fund, ARCH, King County, VA-GPD, Tax Credits	Individuals and Families- homeless housing, focus for homeless Vets	Ann Levine ext. 16, annl@sahg.org	Construction began June 2010, and should be operational in 2011.
Valley Cities Counseling & Consultation	Homeless Service Enhancement Project	Service-Enriched	Scattered Sites- South County	10 slots	3 slots	10 units/slots: HHSF/VHS Levy	Individuals and Families	Dawn Cherne	Section 8 housing vouchers from KCHA, KC pays for case management services- Currently serving three Veterans (2 families, 1 individual).
Catholic Community Services	Katherine's House	Transitional	Kent	6 units	2 units	VA- Puget Sound Healthcare System	Women	Tracy Meyers	Recovery treatment tied to housing, 2 year program max



King County Veterans Housing Set Aside Inventory List, Current as of December 31, 2010

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Compass Center	Pioneer Square Men's Program	Transitional	Seattle	78 individual living spaces	10 beds	8 paid by King County (RCW, VHS Levy), 2 paid by WDVA (Incarceration Program)	Individuals, Men Only	Mollie Curran or Ellen Hurtado	One year, clean and sober. Of the KCVP beds, Compass Center will provide the collaborative case management support to both WDVA and KCVP for the 8 beds for which KCVP contracts. The two for WDVA will likely be case managed by WDVA staff.
Compass Center	Shoreline Veterans Housing	Transitional	Shoreline	25 SRO units	25 SRO units	VA Grant per Diem, KCVP	Individuals, 21 Men and 4 Women	Mollie Curran or Tracy Jones	Funded by VA Grant per diem program, VA liaison on-site (provides clinical services), 2 years clean and sober
Low Income Housing Institute (LIHI)	Cate Apartments	Transitional	Seattle	31 Units (studios to 3-bedroom apartments)	12 set asides for families, & individuals (families preferred).	VA Grant Per Diem	Families	Emilie Janson	Preference given to Veterans for 12 units, but if cannot fill, will use a different funding source to find families to fill units
Salvation Army	Transitional Living Program (TLP)- William Booth	Transitional	Seattle	48 beds	No set asides (but about 30-40% are Veterans who occupy the beds)	Salvation Army	Individuals, Men only	Shannon Maddox	

King County Veterans Housing Set Aside Inventory List, Current as of December 31, 2010

<i>Sponsor Agency</i>	<i>Project Name</i>	<i>Type of Housing</i>	<i>Location</i>	<i># of Total Units/Beds per program &amp;/or building</i>	<i># of set asides for Veterans (as required by fund source)</i>	<i>Funding Source</i>	<i>Veterans Served</i>	<i>Contacts</i>	<i>Comments</i>
Solid Ground	Santos Place	Transitional	Seattle	42 Units	Flexible- no set asides, but generally have 15 max.	HUD Section 8, MOD Rehab; City of Seattle- Office of Housing	Individuals Men & Women	Roger Shands	2 year transitional, have a MOU with the VA for case management, SG provides the housing; have had 12 individuals in the past, will make sure that vacancies remain low.
Veterans Administration	Veterans Transition Program (VTP)- William Booth	Transitional	Seattle	30 beds	30 beds	VA Grant Per Diem program	Individuals, Men only	Michelle Smith/Anne Durbin	Paid by Grant Per Diem- 2 years
Vietnam Veterans Leadership Program (contracts managed by Compass Center)	Vietnam Veterans Leadership Program; (Bennett and Burien Homes)	Transitional	South County	2 houses, 6 beds each	12 beds	McKinney, KCVP	Individuals, Men only	Tracy Jones or Mollie Curran	Clean and Sober, Vocational directed housing
Salvation Army	William Booth (Shelter)	Shelter	Seattle		55 beds	RCW and Veterans Levy	Individual, men only	Fred Steele (King County Veterans Program), John McDonough (William Booth shelter manager)	Case Management breaks down: 10 VA Addiction Treatment Center, 40 KCVP, 5 Compass. In 2010, KCVP will case manage 45 beds, VA 10 (none to WDVA). 6 months length of stay max.

## **Appendix B: Outline of the Federal Five-Year Plan to End Homelessness Among Veterans**

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### **Federal Strategic Plan to End Homelessness Among Veterans: No Wrong Door Policy**

- Expand existing programs and develop new initiatives
  - Increase # of housing options and variety
  - Increase supportive services (prevention)
  - Improve access to VA services
- Based on six pillars:
  - Outreach/Education
  - Treatment
  - Prevention (Very new)
  - Housing/Supportive Services
  - Income/Employment/Benefits
  - Community Partnerships.

### **Highlights of some of the pillars**

#### Outreach and Education

- Supportive Services for Low Income Veteran Families: includes financial assistance to prevent veterans from falling into homelessness (pay for rent, utilities)
  - '09: Program Development
  - '10: Award Grants 5,000 Veterans Served
- HUD-VA Prevention Pilot (select cities, focus on OEF/OIF veterans)
  - Provides housing and intensive case management
  - FY '10: 200-250 families served
- Homeless Registry
  - Database to track and monitor prevention and treatment outcomes
  - Dual focus on performance and outcomes
  - Beginning in FY '10- 200,000 Vets entered into registry
- National Call and Referral Center
  - Resource for homeless Vet and advocates seeking immediate assistance
  - FY '09: No formal system exits
  - FY '10: 15,000 vets served.

#### Prevention

- Loan Guarantee Foreclosure Notification Initiative
  - Trigger warning if Veteran is in danger of losing home due to foreclosure
  - 125 Days to serve claims
- Vocational Rehabilitation Services
  - If someone is in the program, can help minimize or slow down foreclosure.

### Housing/Supportive Services

- HUD-VASH
  - FY '09: 20,000
  - FY '10: 30,000
  - Mention of project-based vouchers considered priority but at the moment, HUD needs to set aside vouchers to fill openings if a vet leaves the building and needs Housing First voucher only
  - Mentioned Seattle as one application for project based
- Grant Per Diem
  - 1500-2000 additional beds
  - FY '09: 18,000 Vets served
  - FY '10: 20,000 vets served
- Overall
  - One size doesn't fit all
  - Case management models-to fit best needs of Veteran
  - Encourage project-based-those who need more structured and families, rural-focused
  - Case management: housing focused and targeted to those returning from recent wars
    - > critical time interventions, first nine months
    - > motivational interviewing
    - > rapid re-housing.

## **Appendix C: Outline of the State Five-Year Plan to End Homelessness Among Veterans**

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### **Washington State Department of Veterans Affairs Five Year Plan to End Homelessness Among Veterans**

#### **Six Strategic Pillars**

- Outreach / Education
  - VA National Call Center for Homeless Veterans Hotline
  - Client Care Coordination
  - Community outreach through multiple community-based locations
  - Contracts for additional interim / emergency beds
  - Education / training to community based organizations on veterans culture
- Treatment
  - Addictions Treatment Center – partnership / ‘purchased’ beds
  - Partnership for Health Improvement through Shared Information (PHISI)
  - VA Domiciliary or Residential Rehabilitation and Treatment Programs
- Prevention
  - Homeless Prevention Pilot for OIF and OEF Veterans
  - Community based projects: Housing Stability Project, Landlord Liaison Project, County Veteran Assistance programs
- Housing / Supportive Services
  - Expanded use of VASH Vouchers
  - Grand and Per Diem Program
  - Growth of Transitional Housing beds
- Income / Employment / Benefits
  - Continue with Existing Programs: Compensated Work Therapy, Supported Employment, Incentive Therapy
  - Connect veterans to available benefits
- Community Partnerships
  - Assure regional coverage through community partnerships
  - Continue / strengthen community partnerships: housing authorities, community based organizations, State of Washington Veterans Affairs, Regional Support Network treatment services, criminal justice / department of corrections, public health, other community partners.

## Appendix D: Summary of Homeless Veterans Focus Groups

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Three focus groups were held between May 24, 2010 and June 29, 2010 to gain insight from consumers of homeless housing and supportive services in King County. The three groups consisted of veterans with families in transitional housing, chronic and high needs individuals in permanent supportive housing, and single male adults in transitional housing. Five women and 16 men participated.

**Military background:** all four main branches of the military were represented, with the majority serving in either the Army or the Navy. Of the 31 participants, 11 either served in combat during Vietnam or did not see combat but served during this time. Five served in the first Gulf War, and several served during the second and current conflicts, but only one claimed to have served in combat in Iraq. Together they served between 11 years to less than 21 months. Most of the older veterans served at least two years (served while there was still a draft).

Issues individuals claim to impact them include mental illness, drugs and/or alcohol addiction, PTSD, MST, and criminal background.

### Personal Stories

- 4 ½ years living in the woods - joined the VA's Addiction Treatment Center (ATC) program, then William Booth at the Salvation Army, then Santos Place. Got a job through the Compensated Work Therapy (CWT) program (certified back to work program). "Nothing I can't do right now if I want to."
- Her downward spiral was caused by illness, foreclosure and eviction. She stayed with family as long as she could, then became homeless. She is now in transitional family housing but still hopes to get into permanent housing.
- Now 100 percent disabled (VA benefits). He got into the system through a "side door" - not the usual entry point (for homeless veterans at the VA). He was not an addict and was "working with someone at William Booth" (case manager). As a result of not entering directly into the VA - the VA (person) would not work with him. He said, however, others at the VA were helpful.

### Summary of the responses to the following main questions

*Where did you first turn for help?*

KCVP, Thurston County Assistance Fund (Thurston County), VA- ATC, VA - Homeless Care Line, American Legion, William Booth, American Lake, Renton WorkSource, Journey Home program (shelter), Seattle Vets Center, Sobering Center, Harborview, DESC-Homeless Outreach Stabilization and Transition (HOST), Pioneer Square Health Center, Seattle Housing Authority, Plymouth Housing Group, Rainier Valley Food Bank, CAMP, Hopelink

*Which organizations or individuals did you find most helpful?*

Organizations: 2-1-1, DESC- HOST, Pioneer Health Clinic, Sobering Center, KCVP (especially in the last 4-5 months), Harborview Mental Health, VASH vouchers, childcare resources- daycare assistance, Hopelink- Credit Union, Mamma's Hands - North Bend shelter for women, CAMP, VA - ATC, Rainier Valley Food Bank, Seattle Housing Assistance Group (SHAG), CWT program (compensated work therapy); VA - Puget Sound Homeless Care Line, VA Sobering Center, William Booth's Veterans Transition Program.

### *Which organizations / issues were not helpful to you?*

In general, those organizations that do not have a veteran-specific focus were least helpful. Instances given where housing providers told a client to wait in shelter rather than sign up for housing lists; large bureaucracies that put everyone in one category, as if one size fits all, with limited options for specialized services and rote-type check-ins.

### *Issues with Military policy and the Veterans' Administration*

- Claim 21 months or less of active duty service and one is not eligible for VA medical or VASH. Even if honorably discharged, felt they should not be penalized for other legitimate factor for early discharge. Example given was the veteran got her disability in boot camp but the VA won't see her since she served less than 21 months even though disability is service connected.
- Lack of coordination among VA workers and departments. There should be communication and coordination at instance of acceptance into program.
- Military Discharges: Not provided enough information when being discharged. Not clear on benefits they are eligible for. Restrictions on education. Leave with nothing - no income, no job.
- Need more information before leaving the military on what they will need in case they need to seek benefits (such as having appropriate paperwork in order).
- Need a live person on the phone when you call the VA help number.
- Have a vet representative come on site to buildings and help with basic things - such as getting transportation to and from appointments to VA and other locations challenge for those without private vehicles. Suggested something like King County Metro Access buses for the VA.
- Larger disability checks - they are on fixed income.
- Make sure one keeps all military paperwork.
- Appears to some that the VA is cutting back on services- not providing more (once you get into the system, you get less). Frequency of meetings with doctors is less.

### *Suggestions for ways to improve system for veterans*

- Many suggested that they should be provided better housing information that is also timely and up to date for their personal housing search.
- Should provide in-house services - referring to not having to go so far away for the services but can get treatment etc. in the building.
- "Everybody wants you to fill out a different application. It would be nice if there was a uniformed application for the subsidized housing."
- Internet tools could be more effective so veterans can find information (up to date) that they need, such as housing, services, benefits etc.
- Need more computers and phones for accessing resources more easily. Internet access a must for resources and doing your own advocacy/leg work.
- Most services are located in the south part/downtown Seattle - need more dispersed services throughout the county and in the north end.

### *General statements/comments*

- Confused by how housing providers work and who pays for what. Feel they are treated as if they are helpless, clueless people - not given information.
- Veterans want respect- not to be treated like children who cannot do things for themselves. "I'm not retarded" - don't need to be handheld - not given credit for what they know or their level of intelligence/education.
- Programs hold the "ticking clock" over clients' heads.
- Case managers who actually understand how things work is also helpful. Stand out/knowledgeable case managers/social workers who help veterans make all the difference. When asked how they were connected to services and housing, a typical response was to point out specific people who helped them more than an organization overall.
- One's own ability to stick with it is helpful.
- Too many rules and restrictions to live in subsidized buildings.
- They receive mixed information regarding how to get into VASH program - but claimed it is the "golden ticket" if one gets a voucher with streamlined services and good communication between case managers and doctors.
- "It takes me three buses and one train ride to get to the VA hospital" (2-3 hour trip)
- Veterans discriminated against by landlords - concerned the vet may get violent.
- If one is not addicted, there is not an easy entry for veterans at the VA for housing-only ATC. Must be addicted to get help. "Only way in is through the ATC program. If you're medical they don't know how to handle you."
- If a vet doesn't have income, housing providers "don't want you"
- Feel outreach to veterans is only to meet their (agencies) "quota".
- The CWT program (Certified back to work program) - one person said it was the only worthwhile (employment) program out there. Many programs claim they want to hire vets but this is false.
- Not all vets prefer to live with other vets only. Likened it to living with other older adults only.



## **Appendix E: Models of Veterans Housing and Services in other Regions**

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This section presents information regarding several projects and organizations that are providing innovative models of veterans housing and supportive services in other areas of the nation. While the scale of the operations, size of the population served, and type of organization varies, each program offers a lesson for our system in King County.

### Project Torch in New York City

In 2006 an agreement was made between New York City (NYC) and the VA to help end homelessness among veterans in NYC. Through this effort, a 45-member task force was convened to develop a strategic plan to end veteran homelessness in NYC. Their recommendations resulted in a system for housing homeless veterans independently from the general shelter system in NYC in order to address veterans' unique needs and resources.

Among the task force recommendations was the creation of a jointly operated VA/NYC multi-service center, called Project Torch, to serve as a one-stop site for accessing services for homeless veterans that opened in 2008. Project Torch acts as the central intake point and service hub for housing for homeless veterans in NYC, combining NYC's expertise in providing homeless housing with the VA's ability to treat veterans for mental and medical treatment, and drug counseling.

As an alternative to shelter for chronically homeless veterans with chemical and/or alcohol dependency, housing with low-barriers for entry was developed. One project that resulted from the collaboration between NYC and the VA was the conversion of an empty building space at the VA Medical Center in the Bronx, which was converted into 96 units of transitional housing for two years. In addition, interim housing was developed for veterans working towards permanent housing. A former shelter that housed 400 veterans in communal rooms was transformed into individual living units for 215 men and 28 women. Another result of this effort was the award to NYC of \$9.4 million in HUD-VASH vouchers, over 1,000 vouchers in total.

The most important lesson for King County from Project Torch is the close collaboration between the local VA Medical Center and the City of New York Homeless Programs. Close collaboration allows for shared knowledge and expertise, and provides veterans with better access to services. In King County we have begun to scratch the surface of productive collaborations that could result in more comprehensive and accessible services to help homeless veterans, and there are likely to be many more creative relationships that can be explored between veterans' organizations, the VA-Puget Sound and local providers who are serving veterans.

### United States Veterans Initiative

The United States Veterans Initiative, better known as U.S. Vets, is a national nonprofit organization established in 1992, and is the largest operator of homeless veteran programs in the country. U.S. Vets helps homeless veterans who receive an honorable discharge status with comprehensive services and housing and partners with the VA and community based organizations in a number of U.S. cities to provide a continuum of care for homeless veterans.

To accomplish their work, U.S. Vets partners with VA Medical Centers, local government agencies, and local area providers. All of their case managers and resident assistants in their housing facilities are veterans who have overcome drug and alcohol addictions. They embrace this model because they believe that their staff has more empathy for their client's situation and more insight into their behavior. Furthermore, as a model that serves primarily veterans, they structure their housing and service programs like the military, with strict rules of conduct, a "clean and sober" policy, and an

emphasis on recovery and employment. Every year they help veterans find employment, supportive services, transitional and permanent housing.

Locations include California (Inglewood, Long Beach, Riverside), Washington D.C., Hawaii (Honolulu, Waianae), Nevada (Las Vegas), Arizona (Prescott, Phoenix), and Texas (Houston). A number of the properties operated by U.S. Vets are located on or near former military bases, including Long Beach, Riverside, and Waianae. The Long Beach operation is the largest transitional housing facility for homeless veterans in the country, with over 550 homeless veterans, families, and youth being served daily.

U.S. Vets is considered a national model for reaching out to veterans. This project, which employs former veterans who have overcome drug and alcohol addiction, is seen as a valuable service model for local continuums of care for veterans. Another potential lesson from U.S. Vets is the use of land on former military bases as potential for providing services and/or housing for homeless veterans, and the cost savings of acquiring former bases for housing veterans may be worth exploring further.

### Swords to Plowshares in San Francisco

Founded in 1974, Swords to Plowshares (STP) is a community-based, non-profit organization that provides counseling and case management, employment and training, housing and legal assistance to veterans in the San Francisco Bay area. The STP is seen as a national model for delivering a comprehensive service continuum exclusively to veterans under a single cohesive agency umbrella.

The STP drop-in center welcomes any veteran, regardless of length of service or discharge status. The center offers free services on weekdays, which includes case management and referrals, emergency housing, financial services, and meal vouchers.

In addition to the drop-in center, STP provides a variety of housing options for veterans. The Veterans Academy is a permanent supportive housing development, located on the former Army post in the Presidio in San Francisco. Besides a place to live, the academy provides 102 formerly homeless veterans with two meals each day, access to on-site counseling, academic and vocational instruction, and many activities to promote community enhancement and healthy lifestyles. The STP is also in the process of developing permanent supportive housing for senior veterans over the age of 55. The facility will provide supportive services to its residents with on-site services including mental health and substance abuse counseling, geriatric health care, and a variety of social and recreational activities. This property, called the Veterans Commons, will open in 2012.

Transitional housing programs provide rehabilitation and counseling to homeless veterans. They offer specialized programming to meet the specific needs of homeless frail elderly, chronically homeless and seriously mentally ill veterans. All residents are provided regular meals and participate in intensive group and individual counseling and community activities. A project for which the agency is currently fund raising, which is not underway, is the "satellite houses" project. The project will provide small group living facilities designed for younger veterans who seek a supportive environment to work on readjustment issues needed for successful transition into independent civilian living while working or attending school.

Similar to U.S. Vets, STP has been able to utilize property on former military bases. When possible, STP has taken advantage of agreements to manage properties owned by the City of San Francisco to provide housing for veterans. Since they provide in-house case management and treatment, veterans who prefer to seek services at STP rather than the VA have this option. Participants and Program Directors state that the exclusive focus on veterans allows the programs to be better informed on appropriate services, housing and intervention strategies that lead to longer term stability among veterans.